



# Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** Kids Korner Inc \_\_\_\_\_

**Type:** Key Indicator Survey      **Date:** 12/07/2017      **Time:** 11:45 AM

**Director:** Wanda Chilton \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Licensing Worker:** Pam West      **Phone #:** (406) 262-9790

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**Time:** 11:45 AM # **children:** 15 # **under 2:** 8 # **caregivers:** 4  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

Yes 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

**OUTDOOR TOUR**

Yes 6. Play Area

**INFANTS/TODDLERS**

Yes 19. Sleeping

**WRITTEN RECORDS**

Yes 25. Parent Information

Yes 26. Facility Records

Yes 27. Child File Review

Yes 29. Caregiver File Review