



Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Christa Rutledge / Under the Sun Daycare*

Provider ID: *PV107016*

Address: *106 Miller St, Noxon, MT 59853*

Type: *Group Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Christa Marie Rutledge*

Phone: *(406) 847-8623*

Email:

underthesonnoxonmt@gmail.com

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *KIS*

Date: *07/11/2018*

Time In: *1:29 PM* Time Out: *2:30 PM*

Inspector: *Fern Sutherland*

Phone: *406-751-5932*

Children/Caregiver Observations

Time: *1:29 PM*

children: *11*

under 2: *2*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Christa and Jana

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

Provider's daughter over age 6 years also present.

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility	Yes
4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

Written Records

28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes