



# Department of Public Health and Human Services

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www.dphhs.mt.gov

## SURVEY TOOL

### Facility

Name: *Clark Fork School*

Provider ID: *PV77064*

Address: *2525 Rattlesnake Dr, Missoula, MT 59802*

Type: *Child Care Center*

Service Area: *Missoula*

Assigned Worker: *Fern Sutherland*

Director: *Marcia Brownlee*

Phone: *(406) 728-3395*

Email: *fsutherland@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *Renewal Inspection*

Date: *10/17/2018*

Time In: *10:00 AM* Time Out: *12:35 PM*

Inspector: *Fern Sutherland*

Phone: *406-300-7391*

### Children/Caregiver Observations

Time: *10:00 AM*

# children: *56*

# under 2: *0*

# caregivers: *9*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

Yes

### Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Yes

4. Exiting

Yes

5. Space

Yes

### Outdoor Tour

6. Play Area

Yes

7. Swimming

Yes

**Program Issues**

8. Supervision	Yes
9. Provider Responsibilities	Yes
10. Activities	Yes
11. Night Care	N/A

**Health Issues**

12. Illness Exclusion	Yes
13. Health Prevention	Yes

**Medication**

14. Administration	Yes
15. Storage	Yes

**Infants/Toddlers**

16. Diapering	N/A
17. Feeding	N/A
18. Bathing	N/A
19. Sleeping	N/A
20. Activities	N/A
21. Outdoor Activities	N/A
22. Special Requirements	N/A

**Transportation**

23. Basic Requirements	N/A
24. Child Passenger Safety	N/A

**Written Records**

25. Parent Information	Yes
26. Facility Records	Yes

**Written Records (continued)**

27. Child File Review	Yes
28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

**Administrative Records**

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes