



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Corinne Kuntz* **Provider ID:** *PV106377*
Address: *90 Northern Lights Blvd, Kalispell, MT 59901*
Type: *Group Child Care* **Service Area:** *Kalispell* **Assigned Worker:** *Diana Lamers*
Director: *Corinne Kuntz* **Phone:** *(406) 499-2453* **Email:** *dlamers@mt.gov*
Contact: *NA* **Phone:** *NA* **Email:** *NA*

Inspection

Type: *KIS* **Date:** *04/18/2019* **Time In:** *12:50 PM* **Time Out:** *1:35 PM*
Inspector: *Diana Lamers* **Phone:** *406-300-7392*

Children/Caregiver Observations

Time: <i>12:50 PM</i>	# children: <i>11</i>	# under 2: <i>6</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License Yes
2. Overlap Yes

Building/Fire Requirements

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

Outdoor Tour

7. Play Area Yes

Health Issues

14. Health Prevention Yes

Medication

16. Storage Yes

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
