



# 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: *Emily M Gonsalves*

Provider ID: *PV108042*

Address: *2109 Eider Dr, Kalispell, MT 59901*

Type: *Family Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Emily M Gonsalves*

Phone:

Email: *fsutherland@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *Pre-inspection*

Date: *09/05/2018*

Time In: *9:35 AM* Time Out: *10:35 AM*

Inspector: *Fern Sutherland*

Phone: *406-751-5932*

### Children/Caregiver Observations

Time: *9:35 AM*

# children: *2*

# under 2: *0*

# caregivers: *1*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Emily*

### Staff Changes

### Notes

*Announced visit to conduct Pre-Inspection.*

### Deficiency Notice (Additional Text)

### Staff Ratios

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

**Building/Fire Requirements (continued)**

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5. Equipment	Yes
6. Exiting	Yes

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**Outdoor Tour**

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7. Play Area	Yes
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**Health Issues**

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14. Health Prevention	Yes
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**Medication**

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16. Storage	Yes
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**Infants/Toddlers**

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17. Diapering	Yes
20. Sleeping	Yes

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**Written Records**

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28. Parent Information	Yes
29. Facility Records	Yes
31. Medication File	<i>Not Observed</i>
33. First Aid Requirements	Yes

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