



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: *Kristi Wilson / Kristi's Kiddie Korner*

Provider ID: *PV96667*

Address: *101 South Main Street, Whitehall, MT 59759*

Type: *Group Child Care*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Kristi Lynn Wilson*

Phone: *(406) 490-0178*

Email: *kristihurlbert@hotmail.com*

Contact: *Sara Hughes*

Phone: *4064900178*

Email: *kristihurlbert@hotmail.com*

Inspection

Type: *Renewal Inspection*

Date: *07/19/2018*

Time In: *10:26 AM* Time Out: *12:00 PM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *10:30 AM*

children: *11*

under 2: *1*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

SARA HUGHES AND NICHOLE SANDERS

Staff Changes

Notes

Deficiency Notice (Additional Text)

Sorry I missed you Kristi. Remember to get the emergency contact form for your newly enrolled child, Kyle Good.

Staff Ratios

1. License

Yes

2. Overlap

Yes

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

07/19/2018

1 of 3

Building/Fire Requirements (continued)

| | |
|--------------|-----|
| 5. Equipment | Yes |
| 6. Exiting | Yes |

Outdoor Tour

| | |
|--------------|-----|
| 7. Play Area | Yes |
| 8. Swimming | N/A |

Program Issues

| | |
|-------------------------------|-----|
| 9. Supervision | Yes |
| 10. Provider Responsibilities | Yes |
| 11. Activities | Yes |
| 12. Night Care | N/A |

Health Issues

| | |
|-----------------------|-----|
| 13. Illness Exclusion | Yes |
| 14. Health Prevention | Yes |

Medication

| | |
|--------------------|-----|
| 15. Administration | Yes |
| 16. Storage | Yes |

Infants/Toddlers

| | |
|------------------------|-----|
| 17. Diapering | Yes |
| 18. Feeding | Yes |
| 19. Bathing | N/A |
| 20. Sleeping | Yes |
| 21. Activities | Yes |
| 22. Outdoor Activities | Yes |

Nutrition/Food Issues

| | |
|--------------------|-----|
| 23. Sanitation | Yes |
| 24. Meal Frequency | Yes |
| 25. Special Diet | Yes |

Transportation

| | |
|----------------------------|-----|
| 26. Basic Requirements | Yes |
| 27. Child Passenger Safety | Yes |

Written Records

| | |
|----------------------------|-----|
| 28. Parent Information | Yes |
| 29. Facility Records | Yes |
| 30. Child File Review | Yes |
| 31. Medication File | Yes |
| 32. Caregiver File Review | Yes |
| 33. First Aid Requirements | Yes |

Administrative Records

| | |
|----------------------------------|-----|
| 34. License-Certificate | Yes |
| 35. Facility Requirements | Yes |
| 36. Registration/License Process | Yes |