



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: *Lisa Dunn*

Provider ID: *PV85586*

Address: *120 Fallon Street, Wolf Point, MT 59201*

Type: *Group Child Care*

Service Area: *Harve*

Assigned Worker: *Pamela West*

Director: *Lisa Dunn*

Phone: *(406) 653-3147*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *KIS*

Date: *04/03/2019*

Time In: *8:55 AM* Time Out: *9:40 AM*

Inspector: *Pam West*

Phone: *406-262-9790*

Children/Caregiver Observations

Time: *9:40 AM*

children: *7*

under 2: *3*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

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

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
