



## SURVEY TOOL

### Facility

Name: *Marge Berland / Hakuna Matata*

Provider ID: *PV78146*

Address: *1119 5th St W, Kalispell, MT 59901*

Type: *Family Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Marge Berland*

Phone: *(406) 253-1956*

Email: *fsutherland@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *KIS*

Date: *02/24/2020*

Time In: *11:08 AM* Time Out: *11:55 AM*

Inspector: *Fern Sutherland*

Phone: *406-300-7391*

### Children/Caregiver Observations

Time: *11:08 AM*

# children: *1*

# under 2: *0*

# caregivers: *1*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Staff Ratios

1. License

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**

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16. Storage	Yes
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**Infants/Toddlers**

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17. Diapering	Yes
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20. Sleeping	Yes
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**Written Records**

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28. Parent Information	Yes
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29. Facility Records	Yes
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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