



# 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:** *Melissa Roberts/ Agape Childcare* **Provider ID:** *PV108280*  
**Address:** *208 Gunsite Loop, Kalispell, MT 59901*  
**Type:** *Family Child Care* **Service Area:** *Kalispell* **Assigned Worker:** *Diana Lamers*  
**Director:** *Melissa Roberts* **Phone:** *(406) 858-0743* **Email:** *dlamers@mt.gov*  
**Contact:** *NA* **Phone:** *NA* **Email:** *NA*

### Inspection

**Type:** *Pre-inspection* **Date:** *03/20/2019* **Time In:** *2:20 PM* **Time Out:** *3:30 PM*  
**Inspector:** *Diana Lamers* **Phone:** *406-300-7392*

### Children/Caregiver Observations

|                             |                             |                            |                               |
|-----------------------------|-----------------------------|----------------------------|-------------------------------|
| <b>Time:</b> <i>2:20 PM</i> | <b># children:</b> <i>0</i> | <b># under 2:</b> <i>0</i> | <b># caregivers:</b> <i>1</i> |
| <b>Time:</b>                | <b># children:</b>          | <b># under 2:</b>          | <b># caregivers:</b>          |
| <b>Time:</b>                | <b># children:</b>          | <b># under 2:</b>          | <b># caregivers:</b>          |

### 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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|                    |            |
|--------------------|------------|
| <b>16. Storage</b> | <i>Yes</i> |
|--------------------|------------|

**Infants/Toddlers**

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|                      |            |
|----------------------|------------|
| <b>17. Diapering</b> | <i>Yes</i> |
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|---------------------|------------|
| <b>20. Sleeping</b> | <i>Yes</i> |
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**Written Records**

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| <b>28. Parent Information</b> | <i>Not Observed</i> |
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|-----------------------------|------------|
| <b>29. Facility Records</b> | <i>Yes</i> |
|-----------------------------|------------|

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| <b>33. First Aid Requirements</b> | <i>Yes</i> |
|-----------------------------------|------------|