



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: *Melissa Hunt / Natural Beginnings*

Provider ID: *PV107966*

Address: *2210 Hwy 2 East, Kalispell, MT 59901*

Type: *Group Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Melissa Hunt*

Phone: *(406) 890-2010*

Email: *naturalbeginning@gmail.com*

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *Pre-inspection*

Date: *07/16/2018*

Time In: *9:06 AM* Time Out: *10:12 AM*

Inspector: *Fern Sutherland*

Phone: *406-751-5932*

Children/Caregiver Observations

Time: *9:06 AM*

children: *3*

under 2: *3*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Melissa and Lisa

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements (*continued*)

5. Equipment	Yes
6. Exiting	Yes

Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
20. Sleeping	Yes

Written Records

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