



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Mtn View Mennonite Church*

Provider ID: *PV79286*

Address: *795 Mennonite Church Rd, Kalispell, MT 59901*

Type: *Child Care Center*

Service Area: *Kalispell*

Assigned Worker: *Diana Lamers*

Director: *Susan Horner-Till*

Phone: *(406) 755-8772*

Email: *suhoti@hotmail.com*

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *KIS*

Date: *09/28/2018*

Time In: *3:30 PM* Time Out: *4:30 PM*

Inspector: *Diana Lamers*

Phone: *406-300-7392*

Children/Caregiver Observations

Time: *3:30 PM*

children: *7*

under 2: *0*

caregivers: *3*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Susan, Edie, & MacKenzie

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Yes

Outdoor Tour

6. Play Area	Yes
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Written Records

25. Parent Information	Yes
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26. Facility Records	Yes
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27. Child File Review	Yes
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29. Caregiver File Review	Yes
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