



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Nature Kids Child Care Center*

Provider ID: *PV107220*

Address: *1500 9th St W, Columbia Falls, MT 59912*

Type: *Child Care Center*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Nicole Brown*

Phone: *(406) 892-1115*

Email: *fsutherland@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *Renewal Inspection*

Date: *09/27/2018*

Time In: *11:15 AM* **Time Out:** *1:17 PM*

Inspector: *Fern Sutherland*

Phone: *406-300-7391*

Children/Caregiver Observations

Time: *11:15 AM*

children: *34*

under 2: *14*

caregivers: *9*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Yes

4. Exiting

Yes

5. Space

Yes

Outdoor Tour

6. Play Area

Yes

7. Swimming

Yes

Program Issues

8. Supervision	Yes
9. Provider Responsibilities	Yes
10. Activities	Yes
11. Night Care	N/A

Health Issues

12. Illness Exclusion	Yes
13. Health Prevention	Yes

Medication

14. Administration	Yes
15. Storage	Yes

Infants/Toddlers

16. Diapering	Yes
17. Feeding	Yes
18. Bathing	Yes
19. Sleeping	Yes
20. Activities	Yes
21. Outdoor Activities	Yes
22. Special Requirements	Yes

Transportation

23. Basic Requirements	Yes
24. Child Passenger Safety	Yes

Written Records

25. Parent Information	Yes
26. Facility Records	Yes

Written Records (continued)

27. Child File Review	Yes
28. Medication File	Yes
29. Caregiver File Review	Yes
30. First Aid Requirements	Yes

Administrative Records

31. License-Certificate	Yes
32. Facility Requirements	Yes
33. Registration/License Process	Yes