



# Department of Public Health and Human Services

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www.dphhs.mt.gov

## SURVEY TOOL

### Facility

Name: *Shannon Williams / Just for Kids*

Provider ID: *PV89082*

Address: *230 Jensen Rd., Columbia Falls, MT 59912*

Type: *Child Care Center*

Service Area: *Kalispell*

Assigned Worker: *Diana Lamers*

Director: *Shannon Williams*

Phone: *(406) 892-1715*

Email: *dlamers@mt.gov*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *KIS*

Date: *12/13/2018*

Time In: *1:45 PM* Time Out: *2:40 PM*

Inspector: *Diana Lamers*

Phone: *406-300-7392*

### Children/Caregiver Observations

Time: *1:45 PM*

# children: *10*

# under 2: *4*

# caregivers: *2*

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

### Outdoor Tour

6. Play Area

Yes

### Infants/Toddlers

19. Sleeping

Yes

## Written Records

25. Parent Information **No**

37.95.115.

1. The following written information shall be made available to all parents:
  - a. A typical daily schedule of activities;
  - b. Admission requirements, enrollment procedures, hours of operation;
  - c. Frequency and type of meals and snacks served;
  - d. Fees and payment plan;
  - e. Regulations concerning sick children;
  - f. Transportation and trip arrangements;
  - g. Discipline policies; and
  - h. Department day care licensing requirements.

Deficiency

***The intent of this rule was not met:***

*Based on observation and interview, provider was unable to produce the following written information: a typical daily schedule of activities.*

26. Facility Records Yes

27. Child File Review Yes

29. Caregiver File Review Yes