



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: *V Silva/A Kimler/Just Because We Care*

Provider ID: *PV104942*

Address: *1310 Main St, Polson, MT 59860*

Type: *Group Child Care*

Service Area: *Kalispell*

Assigned Worker: *Fern Sutherland*

Director: *Amy Kimler/Victoria Silva*

Phone: *(406) 319-2550*

Email: *torisilva23@yahoo.com*

Contact: *Amy*

Phone: *406 314-2407*

Email: *amykimler@yahoo.com*

Inspection

Type: *KIS*

Date: *07/20/2018*

Time In: *12:58 PM* Time Out: *1:30 PM*

Inspector: *Fern Sutherland*

Phone: *406-751-5932*

Children/Caregiver Observations

Time: *12:58 PM*

children: *5*

under 2: *1*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Tiffany

Staff Changes

Notes

Unannounced visit to conduct walk-through inspection of new location. No deficiencies noted.

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

Building/Fire Requirements (*continued*)

4. Fire Safety	Yes
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	<i>Not Observed</i>
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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
30. Child File Review	<i>Not Observed</i>
32. Caregiver File Review	<i>Not Observed</i>
33. First Aid Requirements	<i>Not Observed</i>