



## SURVEY TOOL

### Facility

**Name:** *Woodland Montessori School*

**Provider ID:** *PV76852*

**Address:** *5 Parkhill Rd, Kalispell, MT 59901*

**Type:** *Child Care Center*

**Service Area:** *Kalispell*

**Assigned Worker:** *Diana Lamers*

**Director:** *Sally Welder*

**Phone:** *(406) 755-3824*

**Email:** *NA*

**Contact:** *NA*

**Phone:** *NA*

**Email:** *NA*

### Inspection

**Type:** *KIS*

**Date:** *01/22/2020*

**Time In:** *3:30 PM* **Time Out:** *4:10 PM*

**Inspector:** *Diana Lamers*

**Phone:** *406-300-7392*

### Children/Caregiver Observations

**Time:** *3:30 PM*

**# children:** *11*

**# under 2:** *0*

**# caregivers:** *5*

**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

### Written Records

25. Parent Information

Yes

26. Facility Records

Yes

27. Child File Review

Yes

Written Records (*continued*)

29. Caregiver File Review

Yes