



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Y. Michelle Kendall* Provider ID: *PV77320*
Address: *20750 Old Hwy 93, Florence, MT 59833*
Type: *Family Child Care* Service Area: *Missoula* Assigned Worker: *Kate Hawley*
Director: *Y. Michelle Kendall* Phone: *(406) 273-6695* Email: *ymkendall@hotmail.com*
Contact: *Kate Hawley* Phone: *(406) 329-1590* Email: *khawley@mt.gov*

Inspection

Type: *KIS* Date: *09/28/2018* Time In: *11:38 AM* Time Out: *12:12 PM*
Inspector: *Kate Hawley* Phone: *406-329-1590*

Children/Caregiver Observations

Time: <i>11:41 AM</i>	# children: <i>3</i>	# under 2: <i>0</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Caregivers

Michelle

Staff Changes

Notes

Deficiency Notice (Additional Text)

*Please note, the water feature in the front of your home is accessible to children in care. Per **ARM 37.95.121** Outdoor Tour safety requirements:
Any outdoor play area must be maintained free from hazards such as wells, machinery and animal waste. If any part of the play area is adjacent to a busy roadway, drainage or irrigation ditch, stream, large holes, or other hazardous areas, the play area must be enclosed with a fence in good repair that is at least 4 feet high without any holes or spaces greater than 4 inches in diameter or natural barriers to restrict children from these areas.
Please make adjustments as necessary to your facility or water feature to ensure that children will not have access to the water feature during daycare hours.*

Staff Ratios

- | | |
|------------|---------------------|
| 1. License | Yes |
| 2. Overlap | <i>Not Observed</i> |

Building/Fire Requirements

- | | |
|--------------------|-----|
| 3. Inside Facility | Yes |
| 4. Fire Safety | Yes |
| 5. Equipment | Yes |
| 6. Exiting | Yes |

Outdoor Tour

- | | |
|--------------|-----|
| 7. Play Area | Yes |
|--------------|-----|

Health Issues

- | | |
|-----------------------|-----|
| 14. Health Prevention | Yes |
|-----------------------|-----|

Infants/Toddlers

- | | |
|---------------|-----|
| 17. Diapering | Yes |
| 20. Sleeping | Yes |

Written Records

- | | |
|----------------------------|-----|
| 28. Parent Information | Yes |
| 29. Facility Records | Yes |
| 30. Child File Review | Yes |
| 32. Caregiver File Review | Yes |
| 33. First Aid Requirements | Yes |