



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: *RMDC Head Start Neighborhood Center* Provider ID: *PV84709*
Address: *200 S Cruse, Helena, MT 59601*
Type: *Child Care Center* Service Area: *Helena* Assigned Worker: *Gloria Tatchell*
Director: *Ashley Pena-Larsen* Phone: *(406) 457-7335* Email: *apena@rmdc.net*
Contact: *Ashley Pena-Larsen* Phone: *406 457-7335* Email: *apena@rmdc.net*

Inspection

Type: *Renewal Inspection* Date: *12/04/2018* Time In: *9:14 AM* Time Out: *10:30 AM*
Inspector: *Gloria Tatchell* Phone: *406-444-1954*

Children/Caregiver Observations

Time: <i>9:14 AM</i>	# children: <i>31</i>	# under 2: <i>0</i>	# caregivers: <i>5</i>
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

Program Issues (continued)

7. Swimming	N/A
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Program Issues

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

12. Illness Exclusion	Yes
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13. Health Prevention	Yes
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Medication

14. Administration	Yes
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15. Storage	Yes
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Infants/Toddlers

16. Diapering	N/A
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17. Feeding	N/A
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18. Bathing	N/A
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19. Sleeping	N/A
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20. Activities	N/A
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21. Outdoor Activities	N/A
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22. Special Requirements	N/A
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Transportation

23. Basic Requirements	Yes
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24. Child Passenger Safety	Yes
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Written Records

25. Parent Information	Yes
26. Facility Records	Yes
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