



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Eldora Shartzter* **Provider ID:** *PV76246*
Address: *48 Jackson St, Billings, MT 59101*
Type: *Family Child Care* **Service Area:** *Billings* **Assigned Worker:** *Holly Carr*
Director: *Eldora Shartzter* **Phone:** *(406) 248-9824* **Email:** *ourelvis@aol.com*
Contact: *Eldora* **Phone:** *406-248-9824* **Email:** *ourelvis@aol.com*

Inspection

Type: *Renewal Inspection* **Date:** *01/25/2019* **Time In:** *9:50 AM* **Time Out:** *10:30 AM*
Inspector: *Holly Carr* **Phone:** *406-655-7633*

Children/Caregiver Observations

Time: <i>9:51 AM</i>	# children: <i>2</i>	# under 2: <i>1</i>	# caregivers: <i>1</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	Yes
2. Overlap	N/A

Building/Fire Requirements

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

Outdoor Tour

7. Play Area	Yes
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Program Issues (continued)

8. Swimming	N/A
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Program Issues

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

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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Medication

15. Administration	Yes
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16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	N/A
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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Nutrition/Food Issues

23. Sanitation	Yes
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24. Meal Frequency	Yes
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25. Special Diet	N/A
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Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

Written Records

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

Administrative Records

34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes