



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 Helena Housing Authority Head Start*

Provider ID: *PV78055*

Address: *1221 Billings Ave, Helena, MT 59601*

Type: *Child Care Center*

Service Area: *Helena*

Assigned Worker: *Gloria Tatchell*

Director: *Ashley Pena-Larsen*

Phone: *(406) 447-1626*

Email: *apena@rmdc.net*

Contact: *Ashley Pena-Larsen*

Phone: *447-1626*

Email: *apena@rmdc.net*

Inspection

Type: *Renewal Inspection*

Date: *01/23/2019*

Time In: *1:30 PM* Time Out: *2:30 PM*

Inspector: *Gloria Tatchell*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *1:30 PM*

children: *13*

under 2: *0*

caregivers: *3*

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

7. Swimming

N/A

Program Issues

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

Health Issues

12. Illness Exclusion	Yes
13. Health Prevention	Yes

Medication

14. Administration	N/A
15. Storage	N/A

Infants/Toddlers

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

Transportation

23. Basic Requirements	Yes
24. Child Passenger Safety	Yes

Written Records

25. Parent Information	Yes
26. Facility Records	Yes

Written Records (*continued*)

27. Child File Review	Yes
28. Medication File	N/A
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