



# Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

## 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: .

Contact: .

Phone: .

Email: .

### Inspection

Type: *Renewal Inspection*

Date: *01/07/2020*

Time In: *2:45 PM* Time Out: *3:20 PM*

Inspector: *Nataliya Mikota*

Phone: *(406)444-1954*

### Children/Caregiver Observations

Time: *2:45 PM*

# children: *2*

# 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	Yes

**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	N/A
24. Child Passenger Safety	N/A

**Written Records**

25. Parent Information	Yes
26. Facility Records	Yes

**Written Records (continued)**

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