



# Department of Public Health and Human Services

## CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

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### INSPECTION INFORMATION

**Facility:** TLC Center / Elizabeth Olson

**Type:** Pre-Inspection      **Date:** 01/31/2017      **Time:** 09:00 AM

**Director:** Elizabeth Olson

**Contact:** \_\_\_\_\_

**Licensing Worker:** Jodi Linne      **Phone #:** (406) 453-0526

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**Time:** 09:00 AM # **children:** 33 # **under 2:** 8 # **caregivers:** 11  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ # **children:** \_\_\_\_\_ # **under 2:** \_\_\_\_\_ # **caregivers:** \_\_\_\_\_

**STAFF RATIOS**

Yes 1. License

**BUILDING/FIRE REQUIREMENTS**

Yes 2. Inside Facility

Yes 3. Equipment

Yes 4. Exiting

Yes 5. Space

**OUTDOOR TOUR**

Yes 6. Play Area

Not Observed 7. Swimming

**PROGRAM ISSUES**

Yes 8. Supervision

Yes 9. Provider Responsibilities

Not Observed 10. Activities

Not Observed 11. Night Care

**HEALTH ISSUES**

Yes 12. Illness Exclusion

Yes 13. Health Prevention

**MEDICATION**

Yes 14. Administration

Yes 15. Storage

**INFANTS/TODDLERS**

Yes 16. Diapering

Not Observed 17. Feeding

Not Observed 18. Bathing

Yes 19. Sleeping

Not Observed 20. Activities

Not Observed 21. Outdoor Activities

Not Observed 22. Special Requirements

**TRANSPORTATION**

Yes 23. Basic Requirements

Not Observed 24. Child Passenger Safety

**WRITTEN RECORDS**

Not Observed	25. Parent Information
Not Observed	26. Facility Records
Not Observed	27. Child File Review
Not Observed	28. Medication File
Not Observed	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

Yes	31. License-Certificate
Yes	32. Facility Requirements
Yes	33. Registration/License Process