



# 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:** Initial-New Center Inspection      **Date:** 04/10/2017      **Time:** 10:30 AM

**Director:** Elizabeth Olson

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

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

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**Time:** 10:30 AM # **children:** 43 # **under 2:** 12 # **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

Yes 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

Yes 17. Feeding

Not Observed 18. Bathing

Yes 19. Sleeping

Yes 20. Activities

Yes 21. Outdoor Activities

Yes 22. Special Requirements

**TRANSPORTATION**

Yes 23. Basic Requirements

Not Observed 24. Child Passenger Safety

**WRITTEN RECORDS**

Yes	25. Parent Information
Yes	26. Facility Records
No	<p>27. Child File Review</p> <p><b>37.95.141(6)</b>  <b>(6)</b> The information supplied in (5)(a) through (d) must be maintained on forms provided by the department and must be signed by the parent or guardian.  <b>The intent of this rule was not met:</b></p> <p>Based on record review, CCL found that one child had an Emergency Contact/Consent form that was not signed or dated by a parent/guardian. See enclosed record review for specific child.  <b>Plan of Correction accepted 4/11/17.</b></p>
Yes	28. Medication File
Yes	29. Caregiver File Review
Yes	30. First Aid Requirements

**ADMINISTRATIVE RECORDS**

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