



SURVEY TOOL

Facility

Name: <i>TLC Center / Elizabeth Olson</i>		Provider ID: <i>PV107315</i>
Address: <i>1009 18th Ave SW, Great Falls, MT 59404</i>		
Type: <i>Child Care Center</i>	Service Area: <i>Great Falls</i>	Assigned Worker: <i>Jodi Linne</i>
Director: <i>Elizabeth Olson</i>	Phone: <i>(406) 453-6670</i>	Email: .
Contact: .	Phone: .	Email: .

Inspection

Type: <i>Renewal Inspection</i>	Date: <i>12/11/2019</i>	Time In: <i>10:00 AM</i> Time Out: <i>11:00 AM</i>
Inspector: <i>Jodi Linne</i>	Phone: <i>406-453-0526</i>	

Children/Caregiver Observations

Time: <i>10:00 AM</i>	# children: <i>55</i>	# under 2: <i>20</i>	# caregivers: <i>12</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

Staff Ratios

1. License	<i>Yes</i>
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Building/Fire Requirements

2. Inside Facility	<i>Yes</i>
3. Equipment	<i>Yes</i>
4. Exiting	<i>Yes</i>
5. Space	<i>Yes</i>

Outdoor Tour

6. Play Area	<i>Yes</i>
7. Swimming	<i>Not Observed</i>

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	Yes
15. Storage	Yes

Infants/Toddlers

16. Diapering	Yes
17. Feeding	Yes
18. Bathing	<i>Not Observed</i>
19. Sleeping	Yes
20. Activities	Yes
21. Outdoor Activities	Yes
22. Special Requirements	Yes

Transportation

23. Basic Requirements	Yes
24. Child Passenger Safety	<i>Not Observed</i>

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