



SURVEY TOOL

Facility

Name: *Tara Corbitt / Miss Tara's Childcare*

Provider ID: *PV107916*

Address: *3617 4th Ave N, Great Falls, MT 59401*

Type: *Family Child Care*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Tara Canen*

Phone:

Email: *Tara Canen*

Contact: *Tara*

Phone: *406-799-9785*

Email: *Tara Canen*

Inspection

Type: *Initial-New Inspection*

Date: *08/29/2018*

Time In: *2:58 PM* Time Out: *12:30 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *11:30 AM*

children: *1*

under 2: *1*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Tara

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

Building/Fire Requirements *(continued)*

5. Equipment	Yes
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6. Exiting	Yes
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Outdoor Tour

7. Play Area	Yes
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8. Swimming	Not Observed
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Program Issues

9. Supervision	Yes
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10. Provider Responsibilities	Yes
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11. Activities	Yes
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12. Night Care	Not Observed
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Health Issues

13. Illness Exclusion	Yes
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14. Health Prevention	Yes
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Medication

15. Administration	Yes
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16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	Not Observed
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20. Sleeping	Yes
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21. Activities	Yes
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22. Outdoor Activities	Yes
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Nutrition/Food Issues

23. Sanitation	<i>Not Observed</i>
24. Meal Frequency	<i>Not Observed</i>
25. Special Diet	<i>Not Observed</i>

Transportation

26. Basic Requirements	<i>Yes</i>
27. Child Passenger Safety	<i>Not Observed</i>

Written Records

28. Parent Information	<i>Yes</i>
29. Facility Records	<i>Yes</i>
30. Child File Review	<i>Yes</i>
31. Medication File	<i>Yes</i>
32. Caregiver File Review	<i>Yes</i>
33. First Aid Requirements	<i>Yes</i>

Administrative Records

34. License-Certificate	<i>Yes</i>
35. Facility Requirements	<i>Yes</i>
36. Registration/License Process	<i>Yes</i>