



Department of Public Health and Human Services

2401 Colonial Drive, PO Box 202953 ♦ Helena, MT 59601 ♦ (406) 444-2012 ♦ Fax: (406) 444-1742

www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Teresa Larson / Southside Preschool*

Provider ID: *PV105984*

Address: *4306 Gharrett, Missoula, MT 59803*

Type: *Group Child Care*

Service Area: *Missoula*

Assigned Worker: *Kate Hawley*

Director: *Teresa Larson*

Phone: *(406) 317-1666*

Email:

southsidepreschool@yahoo.com

Contact: *Kate Hawley*

Phone: *(406) 329-1590*

Email: *khawley@mt.gov*

Inspection

Type: *KIS*

Date: *08/30/2018*

Time In: *1:36 PM* Time Out: *2:02 PM*

Inspector: *Kate Hawley*

Phone: *406-329-1590*

Children/Caregiver Observations

Time: *1:37 PM*

children: *10*

under 2: *4*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Teresa, Michelle

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License

Yes

2. Overlap

Not Observed

Building/Fire Requirements

3. Inside Facility

Yes

Building/Fire Requirements *(continued)*

- | | |
|----------------|-----|
| 4. Fire Safety | Yes |
| 5. Equipment | Yes |
| 6. Exiting | Yes |

Outdoor Tour

- | | |
|--------------|-----|
| 7. Play Area | Yes |
|--------------|-----|

Health Issues

- | | |
|-----------------------|-----|
| 14. Health Prevention | Yes |
|-----------------------|-----|

Infants/Toddlers

- | | |
|---------------|-----|
| 17. Diapering | Yes |
| 20. Sleeping | Yes |

Written Records

- | | |
|------------------------|-----------|
| 28. Parent Information | Yes |
| 29. Facility Records | Yes |
| 30. Child File Review | No |

37.95.140.15.:A child under 5 years of age seeking to attend a day care facility is not required to be immunized against *Haemophilus influenzae* type B if the parent or guardian of the child objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.

Deficiency

The intent of this rule was not met:

Based on file review, CCL found that multiple forms provided by the Department were not up to date.

Plan of Correction accepted 9/25/18

- | | |
|----------------------------|-----|
| 32. Caregiver File Review | Yes |
| 33. First Aid Requirements | Yes |