

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: Angela Adams Provider ID: PV77001

Address: 940 4th St W Riverside, Missoula, MT 59802

Type: Family Child Care Service Area: Missoula Assigned Worker: Jodi Linne

Director: Angela Adams Phone: (406) 258-5207 Email: adamsfamily33@msn.com

Contact: Angela Phone: 406-258-5207 Email: adamsfamily33@msn.com

Inspection

Type: Renewal Inspection Date: 07/17/2018 Time In: 11:10 AM Time Out: 11:45

AM

Inspector: Jodi Linne Phone: 406-453-0526

Children/Caregiver Observations

Time: # children: # under 2: # caregivers:

Time: # children: # under 2: # caregivers:

Caregivers

Angela

Staff Changes

Notes

Deficiency Notice (Additional Text)

Staff Ratios

1. License Yes

2. Overlap Not Observed

Building/Fire Requirements

3. Inside Facility

37.95.121.1.:Cleaning materials, flammable liquids, detergents, aerosol cans, and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children.

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3. Inside Facility (continued)

No

Deficiency

The intent of this rule was not met:

Based on observation, CCL found that there was a bottle of laundry detergent on the floor and other items with the label "keep out of reach of children" in a un-locked medicine cabinet in the bathroom. These items were accessible to children.

Plan of Correction accepted 8/6/18.

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4. Fire Safety	Yes
5. Equipment	Yes
6. Exiting	Yes
Outdoor Tour	
7. Play Area	Yes
8. Swimming	Not Observed
Program Issues	
9. Supervision	Yes
10. Provider Responsibilities	Yes
11. Activities	Yes
12. Night Care	Not Observed
Health Issues	
13. Illness Exclusion	Yes
14. Health Prevention	Yes

Medication

15. A	ninistration	Yes

16. Storage Yes

Infants/Toddlers

17. Diapering	Yes

18. Feeding Yes

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Infants/Toddlers (continued)	
19. Bathing	Not Observed
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes
Nutrition/Food Issues	
23. Sanitation	Yes
24. Meal Frequency	Yes
25. Special Diet	Yes
Transportation	
26. Basic Requirements	Yes
27. Child Passenger Safety	Not Observed
Written Records	
28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
31. Medication File	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes
Administrative Records	
34. License-Certificate	Yes
35. Facility Requirements	Yes
36. Registration/License Process	Yes

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