



# 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: *Jessica Swearingen/Wiggles and Giggles*

Provider ID: *PV107666*

Address: *1910 Burlington Ave, Missoula, MT 59801*

Type: *Group Child Care*

Service Area: *Missoula*

Assigned Worker: *Diana Lamers*

Director: *Jessica Swearingen*

Phone: *(406) 370-7923*

Email:

*wigglesandgiggleschildcaremt@gmail.com*

Contact: *NA*

Phone: *NA*

Email: *NA*

### Inspection

Type: *Renewal Inspection*

Date: *07/26/2018*

Time In: *3:05 PM* Time Out: *4:10 PM*

Inspector: *Diana Lamers*

Phone: *406-751-5962*

### Children/Caregiver Observations

Time: *3:05 PM*

# children: *11*

# under 2: *2*

# caregivers: *3*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Jessica, Jara, & Kassie*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Yes

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

**Building/Fire Requirements (continued)**

5. Equipment	Yes
6. Exiting	Yes

**Outdoor Tour**

7. Play Area	Yes
8. Swimming	N/A

**Program Issues**

9. Supervision	Yes
10. Provider Responsibilities	Yes
11. Activities	Yes
12. Night Care	N/A

**Health Issues**

13. Illness Exclusion	Yes
14. Health Prevention	Yes

**Medication**

15. Administration	Yes
16. Storage	Yes

**Infants/Toddlers**

17. Diapering	Yes
18. Feeding	Yes
19. Bathing	Yes
20. Sleeping	Yes
21. Activities	Yes
22. Outdoor Activities	Yes

**Nutrition/Food Issues**

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

**Transportation**

26. Basic Requirements	<i>N/A</i>
27. Child Passenger Safety	<i>N/A</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>