



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: *Michelle Sexton*

Provider ID: *PV95589*

Address: *505 E Clinton St., East Helena, MT 59635*

Type: *Group Child Care*

Service Area: *Helena*

Assigned Worker: *Gloria Tatchell*

Director: *Michelle Sexton*

Phone: *(406) 202-5468*

Email: *JitterbugCC@hotmail.com*

Contact: *Michelle Sexton*

Phone: *406 202-5468*

Email: *JitterbugCC@hotmail.com*

Inspection

Type: *Renewal Inspection*

Date: *01/15/2019*

Time In: *2:30 PM* Time Out: *4:00 PM*

Inspector: *Gloria Tatchell*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *2:30 PM*

children: *5*

under 2: *2*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

2. Overlap

N/A

Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

5. Equipment

Yes

6. Exiting

Yes

Outdoor Tour

7. Play Area

Yes

Program Issues (continued)

8. Swimming	N/A
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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	N/A
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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	N/A
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16. Storage	N/A
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Infants/Toddlers

17. Diapering	Yes
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18. Feeding	Yes
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19. Bathing	Yes
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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	Yes
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24. Meal Frequency	Yes
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25. Special Diet	Yes
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Transportation

26. Basic Requirements	N/A
27. Child Passenger Safety	N/A

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