



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

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: *Nataliya Mikota*

Director: *Michelle Sexton*

Phone: *(406) 202-5468*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *Renewal Inspection*

Date: *01/08/2020*

Time In: *11:35 AM* Time Out: *12:15 PM*

Inspector: *Nataliya Mikota*

Phone: *(406)444-1954*

Children/Caregiver Observations

Time: *11:40 AM*

children: *5*

under 2: *1*

caregivers: *1*

Time: *12:10 PM*

children: *6*

under 2: *1*

caregivers: *1*

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

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	N/A
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	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