



# 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: *Small Wonder Child Care, Inc.-Infant and*

Provider ID: *PV106465*

Address: *613 5th Ave. S., Lewistown, MT 59457*

Type: *Child Care Center*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Charrisse Jennings*

Phone: *(406) 535-7665*

Email: *swkids1st@gmail.com*

Contact: *Charrisse*

Phone: *406-535-7665*

Email: *swkids1st@gmail.com*

### Inspection

Type: *KIS*

Date: *10/04/2018*

Time In: *1:10 PM* Time Out: *1:50 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

### Children/Caregiver Observations

Time: *1:10 PM*

# children: *33*

# under 2: *13*

# caregivers: *9*

Time:

# children:

# under 2:

# caregivers:

Time:

# children:

# under 2:

# caregivers:

### Caregivers

*Teela, Alysha, Zita, Alyssa, Leanna, Beth, Shelly, Tiffany, Michelle*

### Staff Changes

### Notes

### Deficiency Notice (Additional Text)

### Staff Ratios

1. License

Yes

2. Overlap

Not Observed

### Building/Fire Requirements

3. Inside Facility

Yes

4. Fire Safety

Yes

**Building/Fire Requirements (continued)**

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5. Equipment	Yes
6. Exiting	Yes

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**Outdoor Tour**

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7. Play Area	Yes
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**Health Issues**

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14. Health Prevention	Yes
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**Medication**

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16. Storage	Yes
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**Infants/Toddlers**

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17. Diapering	Yes
20. Sleeping	Yes

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**Written Records**

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28. Parent Information	Yes
29. Facility Records	Yes
30. Child File Review	Yes
32. Caregiver File Review	Yes
33. First Aid Requirements	Yes

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