



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: *Helena School District - Warren*

Provider ID: *PV77442*

Address: *2690 Old York Rd, Helena, MT 59602*

Type: *Child Care Center*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Kirsten Roush*

Phone: *(406) 324-1626*

Email: *kroush@helenachools.org*

Contact: *AMY RIEBLI*

Phone: *(406) 324-1626*

Email: *kroush@helenachools.org*

Inspection

Type: *KIS*

Date: *09/27/2018*

Time In: *3:40 PM* Time Out: *4:15 PM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *3:40 PM*

children: *26*

under 2: *0*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

AMY RIEBLI AND INGRID HOLMES-MORA

Staff Changes

Notes

Deficiency Notice (Additional Text)

Remember to have the parents of Mila S. sign her emergency consent form.

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

Outdoor Tour (continued)

3. Equipment Yes

Outdoor Tour

6. Play Area Yes

Written Records

25. Parent Information Yes

26. Facility Records Yes

27. Child File Review Yes

29. Caregiver File Review Yes