



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: *Peace Place*

Provider ID: *PV103926*

Address: *1315 Central Ave, Great Falls, MT 59401*

Type: *Group Child Care*

Service Area: *Great Falls*

Assigned Worker: *Pamela West*

Director: *Kristen McGuire*

Phone: *(406) 590-4925*

Email: *kristen@peaceplacegf.com*

Contact: *Kristen*

Phone: *590-4925*

Email: *kristen@peaceplacegf.com*

Inspection

Type: *KIS*

Date: *01/02/2019*

Time In: *10:00 AM* Time Out: *11:15 AM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *10:00 AM*

children: *5*

under 2: *4*

caregivers: *2*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

3. Equipment

Yes

Outdoor Tour

6. Play Area

Yes

Infants/Toddlers

19. Sleeping

Yes

Written Records

25. Parent Information	Yes
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26. Facility Records	Yes
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27. Child File Review	No
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37.95.140.

1. Before a child under the age of five may attend a Montana day care facility, that facility must be provided with the documentation required by (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B, unless the child qualifies for conditional attendance in accordance with (9):

Deficiency

The intent of this rule was not met:

Based on record review, CCL found that one child required verification of up-to-date immunizations. See enclosed copy of children's record review.

Plan of Correction accepted 1/15/19.

29. Caregiver File Review	Yes
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