



## SURVEY TOOL

### Facility

Name: *Peace Place* Provider ID: *PV103926*  
Address: *1315 Central Ave, Great Falls, MT 59401*  
Type: *Group Child Care* Service Area: *Havre* Assigned Worker: *Pamela West*  
Director: *Kristen McGuire* Phone: *(406) 590-4925* Email: .  
Contact: . Phone: . Email: .

### Inspection

Type: *KIS* Date: *01/30/2020* Time In: *9:25 AM* Time Out: *11:15 AM*  
Inspector: *Pam West* Phone: *406-262-9790*

### Children/Caregiver Observations

Time: <i>9:25 AM</i>	# children: <i>3</i>	# under 2: <i>2</i>	# caregivers: <i>2</i>
Time:	# children:	# under 2:	# caregivers:
Time:	# children:	# under 2:	# caregivers:

### Staff Ratios

1. License Yes

### Building/Fire Requirements

3. Inside Facility Yes

4. Fire Safety Yes

5. Equipment Yes

6. Exiting Yes

### Outdoor Tour

7. Play Area Yes

### Health Issues

14. Health Prevention Yes

## Medication

16. Storage	Yes
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## Infants/Toddlers

17. Diapering	Yes
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## Written Records

28. Parent Information	Yes
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29. Facility Records	Yes
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30. Child File Review	<b>No</b>
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37.95.

## 1003. INFANT'S AND TODDLERS FEEDING

1. An individualized diet and feeding schedule shall be provided according to a written plan submitted by the parents or by the infant's physician with the knowledge and consent of the parents, guardian, or placement agency. A change of diet and schedule shall be noted on each infant's daily diet and feeding schedule.

Deficiency.***The intent of this rule was not met:***

*Based on record review, during an inspection conducted on 1/30/20 at 9:25 am, CCL found that 1 of 1 files for children under 19 months of age did not contain an individualized feeding schedule on file. See enclosed copy of children's record review.*

***This plan of correction was accepted on February 25, 2020.***

32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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