



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Peggy Haderlie* Provider ID: *PV77759*
Address: *503 E Gallatin Ave, Belgrade, MT 59714*
Type: *Family Child Care* Service Area: *Bozeman* Assigned Worker: *Kirsten Geiger*
Director: *Peggy Haderlie* Phone: *(406) 388-2478* Email: *haderlie.peggy@gmail.com*
Contact: *Peggy* Phone: *(406)581-0896* Email: *haderlie.peggy@gmail.com*

Inspection

Type: *KIS* Date: *01/29/2019* Time In: *11:00 AM* Time Out: *11:45 AM*
Inspector: *Kirsten Geiger* Phone: *406-522-2271*

Children/Caregiver Observations

Time: <i>11:09 AM</i>	# children: <i>4</i>	# under 2: <i>0</i>	# caregivers: <i>1</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 No

37.95.

706.5. No portable electric or unvented fuel-fired heating devices are allowed. All radiators, if too hot to touch, must be provided with protective enclosure.

Deficiency

The intent of this rule was not met:

Based on observation, CCL found that provider uses a portable heating device.

The Plan of Correction was accepted February 5, 2019.

5. Equipment Yes

Building/Fire Requirements (continued)

6. Exiting	Yes
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Outdoor Tour

7. Play Area	Yes
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Health Issues

14. Health Prevention	Yes
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Medication

16. Storage	Yes
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Infants/Toddlers

17. Diapering	Yes
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20. Sleeping	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	Yes
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32. Caregiver File Review	Yes
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33. First Aid Requirements	Yes
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