



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: *St. Joseph Preschool and Pre-K*

Provider ID: *PV88454*

Address: *503 Edith Street, Missoula, MT 59801*

Type: *Child Care Center*

Service Area: *Missoula*

Assigned Worker: *Diana Lamers*

Director: *Amanda Lynn Wiseman*

Phone: *(406) 549-7648*

Email: *amanda.wiseman@mcsmt.org*

Contact: *NA*

Phone: *NA*

Email: *NA*

Inspection

Type: *KIS*

Date: *07/26/2018*

Time In: *10:30 AM* Time Out: *11:40 AM*

Inspector: *Diana Lamers*

Phone: *406-751-5962*

Children/Caregiver Observations

Time: *10:30 AM*

children: *14*

under 2: *0*

caregivers: *4*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Amanda, Lacey, Lizzie & Jessica

Staff Changes

Notes

Deficiency Notice (Additional Text)

Please return your completed Plan of Correction to me at; Email: dlamers@mt.gov (<mailto:dlamers@mt.gov>), Fax: 406-300-7398, or by mail: 121 Financial Drive, Suite B, Kalispell, MT 59901.

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

Building/Fire Requirements (continued)

3. Equipment	Yes
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Outdoor Tour

6. Play Area	Yes
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Written Records

25. Parent Information	Yes
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26. Facility Records	No
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37.95.141.2.:The facility shall have a master list of the name, address and phone number of all children in their care and their parents.

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

Based on observation and interview, CCL found that the Caregiver was not able to locate a master list.

The Plan of Correction was accepted on August 6, 2018.

27. Child File Review	Yes
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29. Caregiver File Review	Yes
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