



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Hands/Sunnyside School*

Provider ID: *PV75620*

Address: *1800 19th St S, Great Falls, MT 59405*

Type: *Child Care Center*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Kim Yarlott*

Phone: *(406) 268-6930*

Email: *kim_yarlott@gfps.k12.mt.us*

Contact: *kim*

Phone: *406-268-6930*

Email: *kim_yarlott@gfps.k12.mt.us*

Inspection

Type: *KIS*

Date: *09/13/2018*

Time In: *4:30 PM* Time Out: *5:00 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *4:30 PM*

children: *18*

under 2: *0*

caregivers: *3*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Bev Dusko, Marion Mullens, Kylie Lindberg

Staff Changes

Notes

Deficiency Notice (Additional Text)

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

*Not Observed***Written Records**

25. Parent Information

Yes

26. Facility Records

Yes

27. Child File Review

Yes

29. Caregiver File Review

Yes