



Department of Public Health and Human Services

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www.dphhs.mt.gov

SURVEY TOOL

Facility

Name: *Linda Vogl* **Provider ID:** *PV76276*
Address: *750 Sapphire Ave, Billings, MT 59105*
Type: *Family Child Care* **Service Area:** *Billings* **Assigned Worker:** *Sharla Jerrel*
Director: *Linda Vogl* **Phone:** *(406) 248-1464* **Email:** *lindav94@msn.com*
Contact: *linda* **Phone:** *248-1464* **Email:** *lindav94@msn.com*

Inspection

Type: *KIS* **Date:** *01/21/2019* **Time In:** *3:30 PM* **Time Out:** *4:18 PM*
Inspector: *Cora Helm* **Phone:** *406-655-7632*

Children/Caregiver Observations

Time: <i>3:12 PM</i>	# children: <i>3</i>	# under 2: <i>3</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 Yes

5. Equipment Yes

6. Exiting Yes

Outdoor Tour

7. Play Area Yes

Health Issues

14. Health Prevention Yes

Medication

16. Storage Yes

Infants/Toddlers

17. Diapering Yes

20. Sleeping Yes

Written Records

28. Parent Information Yes

29. Facility Records Yes

30. Child File Review Yes

32. Caregiver File Review Yes

33. First Aid Requirements Yes