



Department of Public Health and Human Services

Child Care Licensing-QAD ♦ PO Box 202953 ♦ Helena, MT 59620-2953 ♦ phone: 444-2012 ♦ fax: 444-1742

SURVEY TOOL

Facility

Name: *Linda Sue Carlson*

Provider ID: *PV78223*

Address: *812 Terry Ave, Billings, MT 59101*

Type: *Family Child Care*

Service Area: *Billings*

Assigned Worker: *Holly Carr*

Director: *Linda Sue Carlson*

Phone: *(406) 245-7419*

Email: *TLCDC@Bresnan.net*

Contact: *Linda*

Phone: *406-245-7419*

Email: *TLCDC@Bresnan.net*

Inspection

Type: *KIS*

Date: *02/10/2020*

Time In: *9:15 AM* Time Out: *9:50 AM*

Inspector: *Holly Carr*

Phone: *406-655-7633*

Children/Caregiver Observations

Time: *9:15 AM*

children: *6*

under 2: *2*

caregivers: *1*

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

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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