



SURVEY TOOL

Facility

Name: <i>Hands/Loy Elem School</i>		Provider ID: <i>PV75606</i>
Address: <i>501 57th St N, Great Falls, MT 59405</i>		
Type: <i>Child Care Center</i>	Service Area: <i>Great Falls</i>	Assigned Worker: <i>Jodi Linne</i>
Director: <i>Kim Yarlott</i>	Phone: <i>(406) 268-6930</i>	Email: .
Contact: .	Phone: .	Email: .

Inspection

Type: <i>KIS</i>	Date: <i>02/05/2020</i>	Time In: <i>4:10 PM</i>	Time Out: <i>4:55 AM</i>
Inspector: <i>Jodi Linne</i>	Phone: <i>406-453-0526</i>		

Children/Caregiver Observations

Time: <i>4:10 PM</i>	# children: <i>8</i>	# under 2: <i>0</i>	# caregivers: <i>3</i>
Time:	# children:	# under 2:	# caregivers:
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Staff Ratios

1. License	Yes
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Building/Fire Requirements

2. Inside Facility	Yes
3. Equipment	Yes

Outdoor Tour

6. Play Area	Yes
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Written Records

25. Parent Information	Yes
26. Facility Records	Yes
27. Child File Review	No
37.95.	
141. RECORDS	

27. Child File Review (continued)**No**

7. The information supplied in (4) and (5) must be maintained on forms provided by the department and must be signed by the parent or guardian.

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

Based on record review on 2/5/20 at 4:15pm, CCL found that the Emergency Contact/Consent form did not contain the required information for 2 of 20 files. The forms for child #1 and #2 did not have an emergency contact person listed. See enclosed copy of children's record review.

Plan of Correction accepted 2/24/20.

29. Caregiver File Review**Yes**