



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: *Hands/Valley View School*

Provider ID: *PV75615*

Address: *900 Avenue A Nw, Great Falls, MT 59404*

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 Yarlott*

Phone: *406-268-6930*

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

Inspection

Type: *KIS*

Date: *10/16/2018*

Time In: *3:45 AM* Time Out: *4:15 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *3:45 PM*

children: *27*

under 2: *0*

caregivers: *4*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Teri Renville, Jackson Howell, Jennifer Spry, Andrea Sweeny

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

Written Records

25. Parent Information Yes

26. Facility Records Yes

27. Child File Review Yes

29. Caregiver File Review Yes