



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/Whittier School*

Provider ID: *PV75616*

Address: *305 8th Street North, Great Falls, MT 59401*

Type: *Child Care Center*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Kim Yarlott*

Phone: *(406) 268-6932*

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

Contact: *Kim*

Phone: *406-268-6932*

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

Inspection

Type: *KIS*

Date: *10/24/2018*

Time In: *4:15 PM* Time Out: *4:50 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *4:15 PM*

children: *8*

under 2: *0*

caregivers: *1*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

Wanell Fahrer

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 |
|---------------------------|-----|