



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: *Helena School District-Smith*

Provider ID: *PV96679*

Address: *2320 5th Ave, Helena, MT 59601*

Type: *Child Care Center*

Service Area: *Helena*

Assigned Worker: *Anna Haire*

Director: *Kirsten Roush*

Phone: *(406) 324-1260*

Email: *kroush@helenaschools.org*

Contact: *CANDACE SELISKAR*

Phone: *(406) 324-1260*

Email: *kroush@helenaschools.org*

Inspection

Type: *KIS*

Date: *10/05/2018*

Time In: *3:40 PM* Time Out: *4:15 PM*

Inspector: *Anna Haire*

Phone: *406-444-1954*

Children/Caregiver Observations

Time: *3:40 PM*

children: *28*

under 2: *0*

caregivers: *3*

Time:

children:

under 2:

caregivers:

Time:

children:

under 2:

caregivers:

Caregivers

CANDACE SELISKAR, COURTNEY SCHWANE AND SUSAN MULLEN

Staff Changes

Notes

Deficiency Notice (Additional Text)

Remember to follow up with whether the Special Health Needs Form is needed for Olivia B.

Staff Ratios

1. License

Yes

Building/Fire Requirements

2. Inside Facility

Yes

Outdoor Tour (continued)

3. Equipment	Yes
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Outdoor Tour

6. Play Area	Yes
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Written Records

25. Parent Information	Yes
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26. Facility Records	Yes
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27. Child File Review	Yes
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29. Caregiver File Review	Yes
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