



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: *Hands/Lewis & Clark Elementary School*

Provider ID: *PV75608*

Address: *3800 1st Ave S, Great Falls, MT 59405*

Type: *Child Care Center*

Service Area: *Great Falls*

Assigned Worker: *Jodi Linne*

Director: *Kim Yarlott*

Phone: *(406) 268-6930*

Email: .

Contact: .

Phone: .

Email: .

Inspection

Type: *KIS*

Date: *02/03/2020*

Time In: *3:50 PM* Time Out: *4:30 PM*

Inspector: *Jodi Linne*

Phone: *406-453-0526*

Children/Caregiver Observations

Time: *3:50 PM*

children: *36*

under 2: *0*

caregivers: *3*

Time: *4:15 PM*

children: *26*

under 2: *0*

caregivers: *3*

Time:

children:

under 2:

caregivers:

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

Written Records (*continued*)

29. Caregiver File Review

Yes