



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Hands/Roosevelt Elementary School

Type: Key Indicator Survey **Date:** 02/02/2018 **Time:** 04:10 PM

Director: Kim Yarlott

Contact: _____

Licensing Worker: Jodi Linne **Phone #:** (406) 453-0526

Time: 04:10 PM # **children:** 24 # **under 2:** 0 # **caregivers:** 4
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes 1. License

BUILDING/FIRE REQUIREMENTS

Yes 2. Inside Facility

Yes 3. Equipment

OUTDOOR TOUR

Yes 6. Play Area

INFANTS/TODDLERS

N/A 19. Sleeping

WRITTEN RECORDS

Yes 25. Parent Information

Yes 26. Facility Records

Yes 27. Child File Review

Yes 29. Caregiver File Review