



# 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/West Elementary School* **Provider ID:** *PV75611*  
**Address:** *1205 1st Ave 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* **Phone:** *268-6930* **Email:** *kim\_yarlott@gfps.k12.mt.us*

### Inspection

**Type:** *KIS* **Date:** *03/06/2019* **Time In:** *3:50 PM* **Time Out:** *4:20 PM*  
**Inspector:** *Jodi Linne* **Phone:** *406-453-0526*

### Children/Caregiver Observations

|                             |                              |                            |                               |
|-----------------------------|------------------------------|----------------------------|-------------------------------|
| <b>Time:</b> <i>3:15 PM</i> | <b># children:</b> <i>21</i> | <b># under 2:</b> <i>0</i> | <b># caregivers:</b> <i>2</i> |
| <b>Time:</b>                | <b># children:</b>           | <b># under 2:</b>          | <b># caregivers:</b>          |
| <b>Time:</b>                | <b># children:</b>           | <b># under 2:</b>          | <b># caregivers:</b>          |

### 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

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Written Records (*continued*)

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29. Caregiver File Review

Yes