



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Hands/West Elementary School

Type: Key Indicator Survey **Date:** 03/05/2018 **Time:** 04:15 PM

Director: Kim Yarlott

Contact: _____

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

Time: 04:15 PM # **children:** 30 # **under 2:** 0 # **caregivers:** 3
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____
Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes	1. License
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BUILDING/FIRE REQUIREMENTS

Yes	2. Inside Facility
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Yes	3. Equipment
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OUTDOOR TOUR

Yes	6. Play Area
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INFANTS/TODDLERS

N/A	19. Sleeping
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WRITTEN RECORDS

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