



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: .
Contact: . Phone: . Email: .

Inspection

Type: *KIS* Date: *03/03/2020* Time In: *3:50 PM* Time Out: *4:40 PM*
Inspector: *Jodi Linne* Phone: *406-453-0526*

Children/Caregiver Observations

Time: <i>3:50 PM</i>	# children: <i>34</i>	# under 2: <i>0</i>	# caregivers: <i>3</i>
Time:	# children:	# under 2:	# caregivers:
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