

FACILITY VISIT

Facility Name: PUMPKIN PATCH PRESCHOOL

Date: 11/01/2022

Time: 10:30

Provider: _____

Certificate #: 001504

Phone: 307-733-1759

Address: 5655 Main Street

City: Wilson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present in each classroom. SPROUTS GROUP (2) staff, (5) children present. Ages: (1) age 1, (4) age 2. Children are participating in story time. Staff:child ratio and supervision checked. Staff records checked prior to visit. A current CCL-205 was previously provided to Licensor. (4) staff have been hired since last visit. Staff records checked. We discussed policy handbook and a checklist was provided by Licensor. We discussed all upcoming expiring items. Fingerprint cards were provided by Licensor. (1) TA provided for staff summary needing to be current at all time. Facility hours verified to be current.

Childcare Licensor:



Date: 11/01/2022

Director/Providor:



Date: 11/01/2022