

FACILITY VISIT

Facility Name: PUMPKIN PATCH PRESCHOOL

Date: 09/23/2020

Time: 11:00

Provider: _____

Certificate #: 001504

Phone: 307-733-1759

Address: 5655 Main Street

City: Wilson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This is an unannounced visit. Home Base Room: (2) staff, (10) children. Ages: (10) age 4. This group is staff/child ratio compliant. They were well supervised and participating in circle time. Pumpkin Room:(1) staff, (10) children. Ages: (10) age 4. This group is staff/child ratio compliant. They were well supervised and working in stations in classroom. Sprouts: (2) staff, (8) children. Ages: (6) age 2, (2) age 3. This group is staff/child ratio compliant. They were well supervised and playing outside on playground. Staff records were checked prior to visit and verified at visit. Staff requirements were found to be compliant. (1) new staff has been hired since last visit but has not began working with children. (3) TA's given. We discussed all upcoming expiring items for Director, staff and external inspections. Licensor provided Director with email for central registry and a central registry form at visit. Director will contact local fire for fire inspection. Director provided Licensor a copy of current well water test at time of visit. Licensor received CCL-100a Form via mail on 9/21/20 for a change of capacity. The Change Notification Form was missing a signature. Licensor obtained signature at the time of the visit. We discussed training requirements needed for staff. Director will send training certificates including CPR/FA to STARS. Facility hours of operation was updated.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____