

FACILITY VISIT

Facility Name: B.E.A.S.T. Foundation

Date: 07/02/2020

Time: 11:15

Provider: _____

Certificate #: 016871

Phone: 307-631-6320

Address: 2900 Sunflower

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date. Discussed COVID precautions that the facility is taking, the facility is doing a great job and has good systems in place for mask wearing, transporting, how activities are being handled. Facility is running 2 half day programs a day, the morning has the STEM piece and afternoon is recreation piece. Ratios 4:23 (6+) - ratios in compliance. Reviewed staff records, in compliance. The BEAST is running summer camp type programs and has 2 staff members working in that program for the BEAST, discussed qualifying summer camp employees if these employees stay on with the child care at the end of the summer camp.

Director/Provider:



Date: 07/02/2020

Childcare Licensor:



Date: 07/02/2020