State of Wyoming Department of Family Services

Date: <u>11/25/2020</u>

**FACILITY VISIT** 

Facility Name: <u>Toddler Town</u> Date: <u>11/25/2020</u> Time: <u>10:10</u>

Provider: \_\_\_\_\_ Provider: \_\_\_\_ Phone: <u>307-632-2822</u>

Address: <u>711 Warren Ave.</u> City: <u>Cheyenne</u>

Facility Type: \_\_\_ FCCH \_\_\_ FCCC X\_CCC

## Comments/TA Provided:

This visit was to be by zoom but it did not work properly. Did it by phone. CCL-301 was provided by email to the provider. Discussed the allegations and reviewed the items that will be needed for this investigation which include Things to do: 1. I was unable to find Lillian Miller or Ricci for Central registry so you do need to contact Heidi at central registry. 2. I need the children's attendance from the first of November though the 15th of November. No need for the whole month as the whole month was not part of the concern. 3. I need the staff hours that they worked and where they worked from the first of November to the 15th of November. 4. A completed staff record summary with anyone who worked from Sept 1 to present. Even if they terminated. Please include phone numbers for them. 5. A list of the parents who have children enrolled on Fridays, Saturdays, and Sundays with their contact information. 6. The documentation for Ruth Keller. Please copy what you have in your staff file for her. 7. If you have meeting notes that you told staff about the vaping/or not vaping....please provide those. Informed Savannah that a CCL-205 would be sent to her to complete and maintain.

Dicrector/Providor:

198 Hall

Childcare Licensor: Date: <u>11/25/2020</u>