

FACILITY VISIT

Facility Name: Kati's Christian Daycare

Date: 01/07/2021

Time: 09:00

Provider: _____

Certificate #: 016948

Phone: 307-262-3873

Address: 1744 S Conwell St.

City: Casper

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

This is a virtual facility visit conducted via zoom. There is one child in attendance at the time of the visit with one staff person Cathy (1 - 2 years old). The provider has just returned to the facility from transporting children. The provider showed the documentation that she needs with her at all times during transport including a FA kit, child emergency contact information, and attendance records. Received a copy of Cathy's current drivers license. Discussed how the facility ensures child to staff ratios and the provider show proof of license, emergency preparedness route, and emergency numbers. Reviewed infant sleep practices. Facility is all in compliance at the time of the visit. Reviewed most recent staff summary and discussed that central registry and sex offender is due to expire beginning of March 2021. Provider asked that licenser send an emailed version of the most current central registry application for use.

Dicrector/Provider:



Date: 01/07/2021

Childcare Licensor:

Date: 01/07/2021