

FACILITY VISIT

Facility Name: Wyo Kidz Childcare LLC

Date: 06/16/2020

Time: 02:00

Provider: _____

Certificate #: 017062

Phone: 307-763-3687

Address: 1245 N. Main St.

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed virtually due to COVID-19 restrictions. At the time of visit, infants were at a 4:1 ratio, 3-1yr olds, 1-3yr old, 2-4yr olds were with 1 staff, 3-4&5yr olds were with 1 staff. Sara Walter is new staff. Licensor was able to see central registry and DCI results. Co-owner reports all staff requirements are in her email. Central registry, DCI, sex offender, and TB emailed to licensor for new staff, Sarah. She is enrolled in an upcoming CPR/FA class but will not be left alone with children until it is complete as well as all pre-service training. Facility has hired another employee, but she has not started as her fingerprints have not been returned. She is also enrolled in the CPR/FA class.

Director/Provider:

Kristi Bueck

Date: 06/19/2020

Childcare Licensor:

*Completed
virtually*

Date: 06/19/2020