

FACILITY VISIT

Facility Name: Angels Child Care Center, LLC

Date: 06/03/2022

Time: 10:00

Provider: _____

Certificate #: 017259

Phone: 307-315-7920

Address: 837 East C Street

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit to measure upstairs so that Gail can use the space for school-age children. Discussed supervision and that they will need to be supervised when children are going to use the bathroom. They will be using the upstairs for all activities and meals upstairs in the classroom. They will utilize outside playspace. The room measures $16 \times 29 = 494/35 = 14$. I will email the change request for and will add the additional 14 children to the capacity. Gail is in the process of hiring Hannah, however, she hasn't started yet. Discussed staff requirements. Requested that Gail speak with STARS and merge the 2 numbers so that all her training is going to the correct. Gail has sent the CPR/FA for Turner but it hasn't been credited. Gail will call STARS and send us the email that she sent to them. Once the change request form has been received capacity can be changed and upstairs used. Reminded Gail that she will need to post the capacity for the room upstairs. New rule book and rule tool given to Gail. There are 6 children with Kaitlyn (1 2 yr old, 13 yr old, 2 4 yr olds, 2 6 yr old, 1 7 yr old. There are 3 infants and 1 1 yr old. The pack n plays need to be secured prior to babies sleeping in them. Showed Gail how to secure the bottoms. All bottoms were secured at the time of the visit. Discussed that pacifier attachments can not be used during sleep time. There was an infant in a bouncer that had just fallen asleep and woke up as soon as we went into the room. Reminded staff that they needed moved as soon as they fall asleep. Please call us with any questions. Thank you!

Childcare Licensor:



Date: 06/03/2022

Director/Provider:



Date: 06/03/2022