

FACILITY VISIT

Facility Name: ENCAMPMENT PRESCHOOL

Date: 05/06/2021

Time: 12:30

Provider: _____

Certificate #: 001814

Phone: 307-327-5442

Address: 514 RANKIN

City: Encampment

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

There are 8 children in attendance at the time of the visit with 3 staff members, Gail Rachel and Bridget the visiting therapist (8 - 4/5 years old). Discussed what is still needed for the external inspection for fire at the facility in order for us to issue a full license. The fire inspection for the provisional is scheduled over the next couple of weeks. Discussed staff qualifications and ensured that all staff are fully qualified. Discussed the visiting therapist variance that is annual and already on file for the year. The facility is all compliant at the time of the visit. Received contact information for the principal of the school to reach out to him and see how everything is going since the program is located in the school district building.

Director/Provider:



Date: 05/07/2021

Childcare Licensor:

Date: 05/07/2021