

FACILITY VISIT

Facility Name: CHILD DEVELOPMENT SERVICES OF
FREMONT COUNTY

Date: 04/09/2021 Time: 09:00

Provider: _____

Certificate #: 001921 Phone: 307-856-4337

Address: 1205 E Lincoln

City: Riverton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit conducted as follow up to self report of incident when restraint was used. Staff that observed the incident and staff completing the restraint interviewed. It is determined that staff followed the protocols and procedures from the Handle With Care training. Child involved was a danger to himself, the children in the classroom and the staff. De-escalation measures were taken. Child's behaviour progressed to a point that an intervention of restraint as per the Handle With Care method was used. This was done for the safety of the child not as a disciplinary action. It has been determined by the licenser the staff involved was properly trained followed procedures and acted with intent to protect the child from harm to himself and others.

Director/Provider:



Date: 04/09/2021

Childcare Licenser:



Date: 04/09/2021