

FACILITY VISIT

Facility Name: ST. MARKS DAY SCHOOL

Date: 09/24/2020

Time: 09:34

Provider: _____

Certificate #: 001963

Phone: 307-234-0831

Address: 701 SOUTH WOLCOTT

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:


Required unannounced visit completed this date. Has one new staff this year, and 2 no longer working at the facility. All staff records reviewed and new staff record summary received during the visit. They are doing well with sanitizing and cleaning things between classes. There are 10 children present with 2 staff, 2-3 years. (Lindley and Danielle), and Amanda is available as well. Children are playing. Enrollment is doing okay, some of the classes do have low enrollment. Discussed virtual conference, Amanda is enrolled to attend. Please call me with any questions.

Director/Provider:



Date: 09/24/2020

Childcare Licensor:



Date: 09/24/2020