

FACILITY VISIT

Facility Name: Stepping Stones Learning Center

Date: 01/13/2022

Time: 10:02

Provider: _____

Certificate #: 001976

Phone: 307-337-2016

Address: 626 E. 2nd St.

City: Casper

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Unannounced visit to facility to monitor CAP for attendance being current and updated. Licensers were given the information that they are short of kids because they have a stomach bug going around. There were 5 children in the infant room with 1 staff one infant and another one will be coming.. Angela will move another staff into the room when the other infant arrives. Attendance in the main classroom was fixed on site today. Discussed that she could do attendance any way she chose as it reflected what was happening at all times in the facility and was current and up to date. Discussed ratios, discipline, and records with Angela. Reviewed staff records with Angela. There are two staff that don't have verification of medication training or staff orientation but Angela says it has been completed. Angela will call and get this taken care of today and email Stoney and I. Please call me with any questions. Thank you!

Childcare Licenser: _____

Date: _____

Director/Provider: _____

Date: _____