

FACILITY VISIT

Facility Name: Peggy's Preschool and Child Care

Date: 10/27/2020

Time: 11:15

Provider: _____

Certificate #: 000236

Phone: 307-324-3320

Address: 1525 ABERDEEN

City: Rawlins

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

There are 9 children in attendance at the time of the of the visit with 1 staff person. (1 - 2 years old, 3 - 3 years old, 5 - 4/5 years) The children are all eating lunch at the time of the visit. Reviewed and discussed staff qualification and the staff record with Peggy at the time of the visit. Asked if Peggy could please completed a new updated staff summary for her personal records and provide licensing with a copy. Received updated copy of staff record CCL 205 at the time of the visit. Peggy is interested talking with Penny about learning environments and working to see what they could create together. Licensor will have Penny reach out to Peggy for Technical assistance support. Facility is all compliant at the time of the visit. Absolutely love the hand made bats and the cookies that the kids are getting for Halloween.

Director/Providor:



Date: 10/27/2020

Childcare Licensor:

Date: 10/27/2020