

FACILITY VISIT

Facility Name: Paradise Valley Christian School

Date: 11/01/2022

Time: 09:30

Provider: _____

Certificate #: 002418

Phone: 307-234-2450

Address: 3041 Paradise Drive

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed this date. Reviewed staff record, STARS database, and facility requirements with Justin. Discussed that we need his information in order to complete the director change for him. Justin will get the information scanned and sent to me. I will verify classroom capacity and let Justin know so that they can be posted. Discussed that depending on capacity of classroom they could add another teacher with additional children. reviewed staff record and discussed training requirements for new staff and ongoing staff. Discussed dates of qualifications and when items are due. I will send the excel CCL-205. There are 4 children 3-4 yr olds with Susan and Emily There are 11 children 4-5 yr olds with Melissa There are 8 2-3 with Angela. They are looking at having the new playground installed in the next couple weeks reminded Justin to not allow children to play until it has been inspected and approved by licensing. Please call me with any questions.

Childcare Licensor:



Date: 11/01/2022

Director/Provider:



Date: 11/01/2022