

FACILITY VISIT

Facility Name: CHILD DEVELOPMENT SERVICES OF
FREMONT COUNTY

Date: 11/23/2021 Time: 09:30

Provider: _____

Certificate #: 002436 Phone: 307-332-5508

Address: 100 PUSHROOT CT.

City: Lander

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Investigation conducted this date with pending director Katie Stantan. CCL-301 presented and investigation process explained. Observation of each classroom was done to verify ratios. All rooms were in compliance. Room capacity and ratios are posted in each room area. Observation done in kitchen to verify allergy and dietary needs documentation. Clip board was present with dietary needs, and information is documented on the Bright Wheel app available in each classroom. Records obtained for investigation: attendance roster parent handbook, copy of allergy documentation, driver's license for bus drivers, board of directors list. This date ratios were in compliance, pending director is in place. Center was running smoothly and no violations were observed. Vehicles used for transporting children at this time are mini 13 passenger bus.

Childcare Licensor:



Date: 11/23/2021

Director/Provider:



Date: 11/23/2021