

FACILITY VISIT

Facility Name: PINEDALE PRESCHOOL

Date: 10/20/2020

Time: 12:15

Provider: _____

Certificate #: 000278

Phone: 307-367-2666

Address: 216 S. MAYBELL

City: Pinedale

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This visit is for the purpose of observing children. No children present at time of renewal visit due to COVID. Preschool Room: (2) staff, (6) children present at. Ages: (4) age 3, (2) age 4. This group is staff/child ratio compliant and well supervised. The children are eating lunch. PK Room: (2) staff, (9) children present at. Ages: (7) age 4, (2) age 5. This group is staff/child ratio compliant and well supervised. The children are eating lunch. Staff records checked prior to visit and verified at visit to be compliant. (1) new staff has been hired and all staff requirements and training are compliant. Fire inspection has expired but inspections are not being completed due to COVID. Facility hours were updated. No violations are observed.

Director/Provider:



Date: 10/20/2020

Childcare Licensors:



Date: 10/20/2020