

FACILITY VISIT

Facility Name: PINEDALE PRESCHOOL

Date: 10/27/2021

Time: 02:30

Provider: _____

Certificate #: 000278

Phone: 307-367-2666

Address: 216 S. MAYBELL

City: Pinedale

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record checked and verified with children present. Preschool Room: (1) staff, (6) children present. Ages: (5) age 3, (1) age 4. This group is staff/child ratio compliant and well supervised. The children are napping. PK Room: (1) staff, (10) children present. Ages: (7) age 4, (3) age 5. This group is staff/child ratio compliant and well supervised. The children are participating in academic centers. Staff records checked prior to visit and verified at visit to be compliant. (3) new staff have been hired and all staff requirements are compliant and (1) staff has an approved variance in place. Fire and sanitation inspections have been completed since last visit. Sanitation inspection report was provided by Director and fire inspection was requested via email. CCL-205 was updated at visit. We discussed upcoming expiring items. No violations observed.

Childcare Licensor:



Date: 10/27/2021

Director/Provider:



Date: 10/27/2021