

FACILITY VISIT

Facility Name: PINEDALE PRESCHOOL

Date: 09/21/2022

Time: 03:10

Provider: _____

Certificate #: 000278

Phone: 307-367-2666

Address: 216 S. MAYBELL

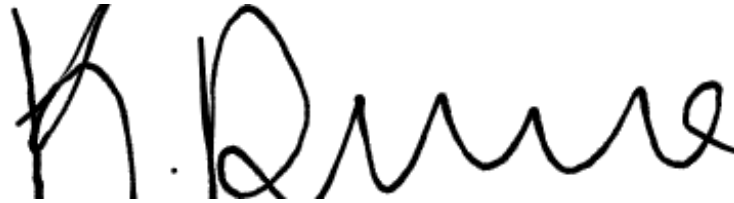
City: Pinedale

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present in each classroom. PRESCHOOL GROUP: (1) staff, (5) children present. Ages: (5) age 3. Children are eating snack. PK ROOM: (1) staff, (4) children present. Ages: (4) age 4. Children are eating snack. Staff:child ratio and supervision checked. Staff records checked prior to visit. (2) staff have been hired since last visit. Staff records verified. We discussed all upcoming expiring items, policy handbook and sanitation inspection. Director will email a current CCL-205. Facility hours were verified to be current.

Childcare Licensors:



Date: 09/21/2022

Director/Provider:



Date: 09/21/2022