

FACILITY VISIT

Facility Name: Our Savior Lutheran School

Date: 09/16/2020

Time: 09:35

Provider: _____

Certificate #: 000047

Phone: 307-632-2580

Address: 5101 Del Range Blvd.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

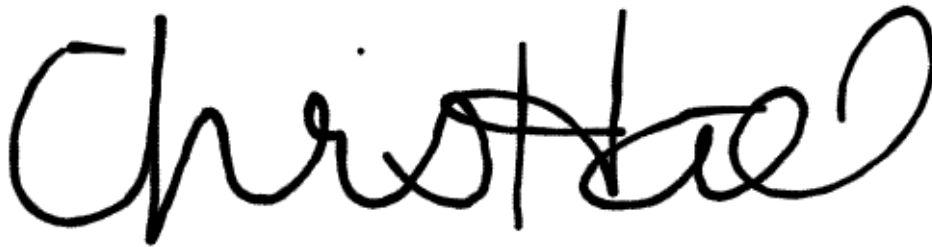
11 children present with 2 staff. 3 parents are allowed in the facility at one time, children's temps. are checked, then the children go to wash hands upon arrival. Discussed sanitizing toys. Checked the playground and restroom. Checked staff records for all staff. Chris' new sub. staff records are complete, most training is complete, facility staff orientation has not been documented. The sub has not been used as a sub. yet. Discussed having staff read the Licensing rules off of the DFS website. Chris will discuss with her Sanitation Inspector Noelle, having Sanitizer on the classroom tables for use by children. TA: Document Staff Orientation for W.S.

Director/Provider:



Date: 09/16/2020

Childcare
Licensor:



Date: 09/16/2020