

FACILITY VISIT

Facility Name: ABSAROKA HEADSTART LANDER

Date: 09/16/2020

Time: 08:13

Provider: _____

Certificate #: 000078

Phone: 307-332-5559

Address: 626 Washington

City: Lander

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Fire drill conducted at beginning of visit, licenser observed one classroom, staff and children. Evacuation went well, staff calmly escorted children outside to gathering point. Attendance was done by name call, and all staff and children were accounted for. Communication between observed group and second group was done. All went very well. 4-5 year old classroom observed, ratios 3:16, 3 year old classroom observed outside on playground, ratio 3:13. Supervision was observed, staff is attentive and actively supervising the children in both classroom. New staff records checked, pending on file sex offender registry letter, Peggy will obtain from Tania Trujillo.

Director/Provider:

Date: 09/16/2020

Childcare Licenser:

Date: 09/16/2020