

FACILITY VISIT

Facility Name: PUMPKIN PATCH PRESCHOOL

Date: 08/07/2024

Time: 12:15

Provider: _____

Certificate #: 001504

Phone: 307-733-1759

Address: 5655 Main Street

City: Wilson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present. SPROUT GROUP (1) staff, (1) youth trainee, (4) children; Ages: (1) age 2. (3) age 3. Children are participating in story time.

BLOSSOMS/PUMPKIN GROUP: (3) staff, (19) children; Ages: (2) age 3. (12) age 4, (5) age 5. Children are participating in free play and transitioned to lunch. Ratio and supervision checked. Staff records checked prior to visit and verified at visit. A current CCL-205 was provided to Licenser prior to visit. Licenser and assistant director discussed all upcoming expiring items, staff requirements and reviewed CCL-205. (1) TA provided for a staff member who's CPR/FA had expired for 24 days before being completed. (1) TA for (2) youth trainee's who have been present in the facility without a written plan outlining their specific purpose for being present, and/or a TB test, training goals and objectives on file at the facility. Please provide a copy of these items to Licenser when complete.

Childcare Licenser:



Date: 08/07/2024

Director/Provider:



Date: 08/07/2024