

FACILITY VISIT

Facility Name: Sublette BEEP

Date: 09/21/2023

Time: 01:10

Provider: _____

Certificate #: 002477

Phone: 307-367-5505

Address: 665 N. Tyler

City: Pinedale

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present in each classroom. INFANT ROOM: (2) staff, (6) children present. Ages: (2) infants, (4) age 1. Children are napping. Infant sleep checked. TODDLER 1 ROOM: (2) staff, (6) children present. Ages: (6) age 1. Children are napping. TODDLER 2 ROOM: (1) staff, (6) children present. Ages: (1) age 1, (4) age 2, (1) age 3. Children are napping. PK ROOM: (1) staff, (7) children present. Ages: (4) age 3, (3) age 4. Children are napping. Staff:child ratio and supervision checked. Staff records checked prior to visit and verified at visit. (2) new staff have been hired since last visit. A new CCL-205 was provided by Director prior to visit. We discussed all upcoming expiring items and biennium training. Licenser provided a training forecast of completed training and what is needed for all staff by end of biennium training of 5.17.24. (1) TA was provided for one staff member missing a current CPR/FA certificate on file and could not be verified on the STARS training summary. Director will forward copy of CPR/FA to STARS and Licenser by 9.25.23. We discussed staff:child ratios.

Childcare Licensor:



Date: 09/21/2023

Director/Provider:



Date: 09/21/2023