

FACILITY VISIT

Facility Name: Sublette BEEP

Date: 09/27/2024

Time: 11:55

Provider: _____

Certificate #: 002477

Phone: 307-367-5505

Address: 665 N. Tyler

City: Pinedale

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

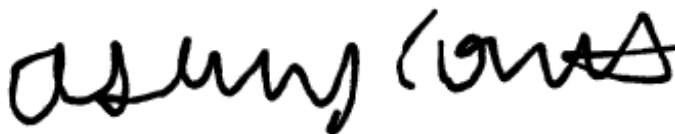
Unannounced visit. Attendance record verified with children present in each classroom. INFANT ROOM: (2) staff, (3) children. Ages: (2) infants, (1) age 1. Children are preparing for nap. TODDLER ROOM: (2) staff, (5) children. Ages: (5) age 2. Children are transitioning to nap . PRESCHOOL ROOM: (1) staff, (5) children. Ages: (1) age 2, (4) age 3. Children are participating in clean up. PK ROOM: (1) staff, (4) children. Ages: (4) age 4. Children are participating in free play. 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 previously provided by Director. We discussed all upcoming expiring and staff member requirements.

Childcare Licensor:



Date: 09/27/2024

Director/Provider:



Date: 09/27/2024