

FACILITY VISIT

Facility Name: Little Blessings

Date: 03/08/2024

Time: 02:42

Provider: _____

Certificate #: 000254

Phone: 307-431-0028

Address: 317 N. McKinley St.

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on the date. Discussed staff/child ratios, supervision, infant sleep, staff concerns, and attendance for staff/children. I will get clarification on the one staff with 10 children. When arriving at the facility it was observed that staff J.A was in the kitchen leaving her classroom unsupervised. Discussed supervision with all staff. Discussed what the relaxed ratio looks like and reminded Yvonne that they are a center so staff needs to be in all areas where children are located. TA was given regarding the deadbolts and plastic door knob covers on the doors. Gave Yvonne the information that the deadbolts could not be locked at all during business hours. If she would like the doors to be locked they still need to be able to exit without unlocking the door. The door knob cover was removed while licensing was at the facility. I will get further clarification on 2 under 2 for ten children and the supervision of the two front rooms when all children are sleeping. There are 24 children enrolled at this time. There are 3 infants with staff J.A, there are 6 2-3 year olds with M.R., 10 4-5 year olds with K.H. Please call me with any questions. Thank you!

Childcare
Licensor:



Date: 03/08/2024

Director/Provider:



Date: 03/08/2024