

FACILITY VISIT

Facility Name: Smiles 4 Miles

Date: 08/29/2018

Time: 01:00

Provider: _____

Certificate #: 002318

Phone: 307-399-2372

Address: 3201 E. Pershing Blvd. Suite B

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Delivered CCL-301 re: CPL 4576 Need staff contact numbers. 13 with 2 (3 and 4 yr olds) 11 with 2 staff. One staff was doing dishes. Children sleeping. (3-3's, 6-2's, 2-1's) Paulina has taken vacation time. Paulina felt that there is communication between director and assistant director stated the director. Came in with rags and towels within 30 minutes of the call. Jessica is doing fire drills with preschoolers but not the toddlers. Paulina was unaware that fire drills were not being done facility wide.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____