

FACILITY VISIT

Facility Name: Smiles 4 Miles

Date: 05/01/2020

Time: 02:15

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:

Provided CCL-301. 2 staff with 11 children ages 2 to 3. Reminded that the health order states a total of 9. Please contact health for guidance. Reviewed staff records. Director was unavailable. 2 staff were caring for 11 children and were missing the facility orientation and the preservice orientation. No other staff were present. Cited violation. Called supervisor for advice as to whether we send children home. Talked to director who is choosing to send children home prior to answer from the supervisor.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____