

FACILITY VISIT

Facility Name: Pinedale Aquatic Center

Date: 10/20/2020

Time: 09:30

Provider: _____

Certificate #: 002364

Phone: 307-367-2832

Address: 535 N. Tyler

City: Pinedale

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

The purpose of this visit is to observe children. No children present at 9.17.20 visit. Today, (1) child attended and was just leaving as Licenser came. Ratio and supervision are compliant. TA provided with discussion of staff training requirements needed for current license period. Licenser provided Director with a copy of CCL-205 with current dates. Facility hours will change on 11.2.20 from 10:00 am to 1:00 pm. Renewal inspection schedule for 11.10.20.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____