

FACILITY VISIT

Facility Name: Wyoming Child & Family Development Wheatland Early Childhood Center

Date: 04/20/2022 Time: 01:30

Provider: _____

Certificate #:
002209

Phone:
307-322-3385

Address: 28 ROMPOON ROAD

City: Wheatland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Scheduled TA visit to discuss opening a full-time enhanced early Head Start. Planned to open June 1. A half wall will be going up that will reduce the classroom size slightly. Projected room measurements will be $39.5' \times 15.75' = 622.125 / 50 =$ capacity of 12. Discussed ratios infants 1:4, one year olds 1:5, when divided by age groups the age of the youngest child present determines the ratio. Discussed monitoring visits, evacuation cribs, Two people are currently enrolled in the I/T credential, some already have or are working on the I/T CDA. Documentation of infant feeding and Changing. Discussed safe sleep, Dr.s note for sleep positions other than flat or swaddling. Distance for cots 2' and cribs 3'. Thermometer will be needed in the fridge. Continue to reach out to the Licensor with any questions.

Childcare Licensor:



Date: 04/20/2022

Director/Provider:



Date: 04/20/2022