

FACILITY VISIT

Facility Name: Wyoming Child and Family Development Early Head Start

Date: 09/29/2020

Time: 11:19

Provider: _____

Certificate #: 001445

Phone: 307-473-5831

Address: 160 N. Washington

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

4- infant-3 yr. olds w/Karen,Kari,Sarah. 2-infant-3 yr. olds w/Marcia,Kayla, Chelsey. 2- 2yr. olds w/Terri,Tiffany,Emily.
4-infant-1 yr. w/Taylor,Bev, Wendy. Kiddos are eating lunch. Checked staff records for ten new staff, see staff record.CDC
therapist with an overdue central registry is not attending at this time.

Director/Provider:



Date: 09/29/2020

Childcare Licensor:



Date: 09/29/2020