

FACILITY VISIT

Facility Name: Angelica Salas

Date: 12/15/2020

Time: 01:30

Provider: _____

Certificate #: 014856

Phone: 307-640-0418

Address: 4024 Independence Dr.

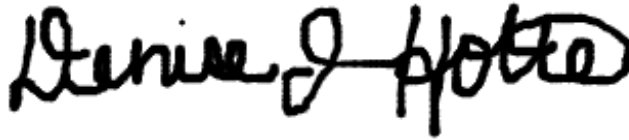
City: Cheyenne

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Angel and Oscar are current on fingerprints, central registry, FA/CPR, TB assessment, and sex offender results. Fire is current and health was completed with the self-inspection. Both Angel and Oscar were wearing masks. Children were resting and 8 were present. (1-1 yr old, 2-2 yr olds, 4-3 yr olds, and 1-4 yr old). Angel has two infants starting in the New Year. The bathroom cupboard was empty. Discussed training and directed to STARS for the health and safety packet. Merry Christmas!!!

Director/Provider:



Date: 12/15/2020

Childcare Licensor:

Date: 12/15/2020