

FACILITY VISIT

Facility Name: Rebecca Hawke

Date: 08/31/2021

Time: 12:15

Provider: _____

Certificate #: 014876

Phone: 774-488-6549

Address: 44 Vixen Circle

City: Pinedale

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

The purpose of this visit is an unannounced visit. Provider was present with (4) children. Ages: (1) infant, (1) age 1, (1) age 2, (1) age 3.. This group is staff/child ratio compliant and well supervised. (2) children napping, (2) children are eating lunch, including infant. Staff requirements were checked prior to visit, verified at visit and found to be compliant. We discussed upcoming expiring items and WY Coherent path to Quality website and training opportunities. No violations observed.

Childcare Licensor:



Date: 08/31/2021

Director/Provider:



Date: 08/31/2021