

FACILITY VISIT

Facility Name: Giggles and Wiggles Daycare

Date: 07/21/2021

Time: 11:05

Provider: _____

Certificate #: 001543

Phone: 307-262-1562

Address: 211 Bar-2

City: Douglas

Facility Type: ☒ FCCH ☐ FCCC ☐ CCC

Comments/TA Provided:

8 children present, 1-5, 2-4, 3-3, 1-2, 1-1 year olds. Heather was preparing lunch during the visit. Meatball subs, carrots and bananas. Heather has the fingerprint documents available to complete for her and Bob. A child who was in Heather's care last week was diagnosed with a contagious illness over the weekend. Heather said she told the parent on Monday the child could not return without a Dr.'s note. TA: Discussed notifying parents of a child who had been in care having an infectious disease, and symptoms to watch for. TA: The play yard needs to be cleaned up and kept ready for use by the children daily. TA: The kitchen counters need to be cleared off. TA: Paper towels were replaced in the bathroom during the visit. Submit a compliance letter by 7/22, stating how parents were notified of the infectious disease. Submit a compliance letter by 7/28 stating the kitchen counters have been cleared, the play yard is cleaned, and single service towels are being kept in the restroom. Send photos of the kitchen counters and the play yard. The Licenser will return within a few weeks to verify compliance.

Childcare
Licensor:



Date: 07/21/2021

Director/Provider:



Date: 07/21/2021