FACILITY VISIT

Facility Name: Helping Hands

Provider:

Address: <u>742 Hirst St</u>

Date: <u>08/05/2020</u> Certificate #: <u>001577</u> City: <u>Chevenne</u> Time: <u>10:05</u> Phone: <u>307-286-8349</u>

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Technical Assistance visit to help Anna with her staff files. Staff files were organized into sleeves and placed in a binder. The Licenser verified compliance with child records and policies, and TB assessment forms. Backyard gate spaces verified corrected. Anna provided a compliance letter, Staff record summary, Multi-level Variance request and renewal fee to the Licenser during the visit.

Dicrector/Providor:

Date: 08/05/2020

Childcare Licensor:

Date: 08/05/2020