

FACILITY VISIT

Facility Name: Alicias Day Care

Date: 01/20/2021

Time: 02:30

Provider: _____

Certificate #: 001616

Phone: 307-267-4804

Address: 304 N Huber

City: Casper

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

This facility visit is conducted virtually. There are two children in attendance at the time of the visit with one staff person, Alicia (1 - 2 years old, 1 - 4 years old). Conducted a virtual walk through of the facility to ensure health and safety of the child care space. Observed that the facility has it's license, emergency numbers, and evacuation plan all current and posted. Reviewed staff qualifications with provider and discussed the timeline needed to ensure that new fingerprints are completed for her and her husband since they are due to expire in March. Facility is all in compliance at the time of the visit.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____