

FACILITY VISIT

Facility Name: Ohana Child Care

Date: 08/18/2021

Time: 11:00

Provider: _____

Certificate #: 016841

Phone: 307-764-1880

Address: 256 South Jones

City: Powell

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

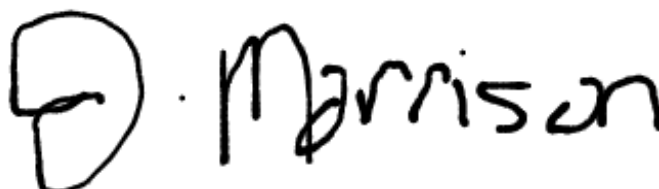
Facility visit completed on this date. Outdoor play space inspected. Pea gravel had been added under dome. Jennifer is planning to add some boardwalks and platforms as well. Discussed moving infant room to adjacent classroom. Changed to preschool classroom are in progress. No new staff since Variance completion. Signed by licenser as computer lost power during visit.

Childcare Licenser:



Date: 08/18/2021

Director/Provider:



Date: 08/18/2021