Phone: <u>307-333-5993</u>

FACILITY VISIT

Facility Name: <u>Bright Minds Infant Center</u> Date: <u>05/26/2021</u>

e: <u>05/26/2021</u> Time: <u>11:15</u>

Provider: _____ Certificate #: <u>016992</u>

Address: <u>2610 East 3rd Street</u> City: <u>Casper</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

There are a total of 10 children in attendance at the time of the visit with three staff members, Debbie Samara and Cara (7 - infants, 3 - 1 years old). The children are napping and taking turns eating lunch during the time of the visit. Conducted a walkthrough of the facility to ensure safety for all children in attendance. There are no variance on file for the facility at the time of the visit. Ensure attendance is current and up to date at the time of the visit. Reviewed staff qualifications at the time of the visit. Received TB assessment date for cara, cpr/fa for cara, and Mikke is on maternity leave at this time but will have updated CPR/FA on file and completed before returning to work for the facility. Infant diaper and feeding logs are all current and compliant at the time of the visit.

Dicrector/Providor:

Date: 05/26/2021

Childcare Licensor:

Date: <u>05/26/2021</u>