FACILITY VISIT

Facility Name: Mini Miracles

Provider: ____

Address: 1404 Wisteria Ct.

Date: <u>05/24/2021</u> Certificate #: <u>017085</u> City: <u>Gillette</u> Time: <u>11:45</u> Phone: <u>307-299-6153</u>

Facility Type: ____ FCCH <u>X</u> FCCC ___ CCC

Comments/TA Provided:

Unannounced visit conducted. 11 total children in care & 2 staff. 1 infant, 2 one year olds, 2 two year old, 4 three year olds, 2 four & five year olds. Discussed annual variance on file & the changes made to variance form. Observed staff/household files, complete at visit. No changes made to facility & no questions at this time.

