

FACILITY VISIT

Facility Name: Happy Heroes

Date: 06/15/2022

Time: 01:00

Provider: _____

Certificate #: 017156

Phone: 307-871-8928

Address: 520 Wilkes Drive #2

City: Green River

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

3 staff and 8 children are present today. 1 of the children is under the age of 2 years. Room(s) were compliant, supervised, and staff as required. The children are getting ready to participate in circle time. The attendance record was checked and is compliant. Menus are available to parents. Staff records are current. Discussed upcoming expiring items. The outside area is used. The facility was compliant at the time of the visit.

Childcare Licensor:



Date: 06/15/2022

Director/Provider:



Date: 06/15/2022