

FACILITY VISIT

Facility Name: LITTLE PEOPLES PLAY HOUSE

Date: 06/29/2021

Time: 11:48

Provider: _____

Certificate #: 001821

Phone: 307-259-6799

Address: 1650 S. WASHINGTON

City: Casper

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

This is the facility's extra visit for the year and there are 4 children in attendance at the time of the visit with one staff person, Barbara (4 - school age). The children are working on projects at the table during the time of the visit. Discussed the City of Casper Health License renewal at the time of the visit and Barbara states that she is in the process of completing that but was a little too early with her application so she couldn't complete it at the time but will get it completed. Conducted a walkthrough of the outdoor space and discussed the lock on the back gate and the provider closed the gate to the porch so children could not access the porch area. Unapproved areas are locked or secured with gates and everything is compliant at the time of the visit. Staff records are all compliant and up to date at the time of the visit.

Childcare Licensors:



Date: 06/29/2021

Director/Provider:



Date: 06/29/2021