Date: <u>04/18/2022</u>

Time: <u>09:45</u>

## **FACILITY VISIT**

Facility Name: <u>CAROL'S DAY CARE</u> Date: <u>04/18/2022</u>

Provider: Certificate #: <u>001857</u> Phone: <u>307-436-9428</u>

Address: <u>630 WEST DEER</u> City: <u>Glenrock</u>

Facility Type: \_\_\_\_FCCH X\_FCCC \_\_\_ CCC

## Comments/TA Provided:

Facility visit to check compliance so that license can be issued. The water temperature is 117 degrees, and the fence has been placed back up and is secured with t-posts making it sturdy. There is one infant present with Carol at the time of the visit. She doesn't think she will have any more kids today and there is not any school. I will get license issued and in the mail to you. Please call me with any questions. Thank you!

Childcare Licensor:

Date: <u>04/18/2022</u>

Dicrector/Providor:

Cond Student