

FACILITY VISIT

Facility Name: CAROL'S DAY CARE

Date: 09/30/2022

Time: 09:50

Provider: _____

Certificate #: 001857

Phone: 307-436-9428

Address: 630 WEST DEER

City: Glenrock

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed this date. There are 4 children present at time of visit. 1 infant, 1 1 yr old, 1 2 yr old and a 4 yr old. They will also pick up a preschooler. They have a couple afterschool and some of the littler ones will leave. Dicussed new policy statements, requested that they update their policies with the new requirements and send me copies. I will send a sample copy of policy statements. Things are going well, no changes. Please call me with any questions. Thank you!

Childcare Licensors:



Date: 09/29/2022

Dicrector/Providor:



Date: 09/29/2022