FACILITY VISIT

Facility Name: <u>Donna's Daycare</u> Date: <u>06/21/2022</u> Time: <u>01:00</u>

Provider: _____ Provider: ____ Phone: <u>307-362-8059</u>

Address: 1109 Clark Street City: Rock Springs

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

9 of the children are at the circus with staff member Michealee, everyone is over the age of 2 years. Donna has one infant here at the facility with her today. Room(s) were compliant, supervised, and staff as required. The attendance record was checked and is compliant. Menus are available to parents. Staff records are current. Went over the Staff Summary sheet and background information. The outside area is used. The facility was compliant at the time of the visit.

Childcare Licensor:

Date: 06/21/2022

Dicrector/Providor:

Date: <u>06/21/2022</u>