

FACILITY VISIT

Facility Name: MHCC Childcare Center

Date: 07/07/2021

Time: 10:50

Provider: _____

Certificate #: 002071

Phone: 307-358-7330

Address: 225 South 5th St.

City: Douglas

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

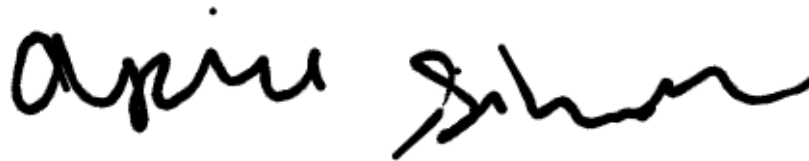
Unannounced visit done. Checked classrooms/ratios/supervision. Discussed a convex mirror if the one staff used in ratios in the infant room, goes into the changing area and can not see all the children. Checked staff and training records for the newest staff and updated CPR/FAs. Discussed recording staff's presence on the classroom attendance sheet. The playground equipment instructions have not yet been located. Everything looks good no violations.

Childcare
Licensor:



Date: 07/07/2021

Dicrector/Providor:



Date: 07/07/2021