

FACILITY VISIT

Facility Name: Wiggle Worm Daycare

Date: 05/14/2020

Time: 04:00

Provider: _____

Certificate #: 002088

Phone: 307-851-9449

Address: 33 Red Fox Drive

City: Riverton

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Visit was completed via video call. Child Care spaces were viewed. Ratios were in compliance. 9 children present. 1-1yr, 2-2yr, 2-3yr, one child ages, 4,5,6 and 7. No changes to cc space, outside time done (a lot!) No infants in care, Holly is not taking infants at this time. All staff and household requirements current.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____