FACILITY VISIT

Facility Name: **EMILY'S DAYCARE**

Date: <u>09/15/2020</u>

Time: <u>02:40</u>

Provider: _____

Certificate #: <u>002182</u>

Phone: <u>307-532-2058</u>

Address: <u>1709 EAST I ST.</u>

City: <u>Torrington</u>

Facility Type: XFCCH ___ FCCC ___ CCC

Comments/TA Provided:

Monitoring visit. 8 children present 1 infant, 1-1 year, 1-2 year, 1-3 yr old, 4-4 year olds, Emily. Emily's son is back in Nebraska now in school. We are still waiting for the out of state C.R. to be completed.

Dicrector/Providor:

Date: <u>09/15/2020</u>

Childcare Licensor:

Date: 09/15/2020