

FACILITY VISIT

Facility Name: EMILY'S DAYCARE

Date: 10/27/2022

Time: 12:15

Provider: _____

Certificate #: 002182

Phone: 307-532-2058

Address: 1709 EAST I ST.

City: Torrington

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

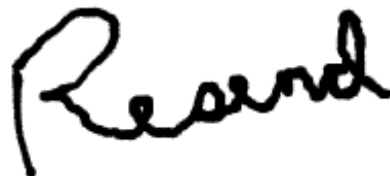
Unannounced compliance monitoring visit completed on this date. Emily reported that substitute has not returned to work at the facility and has a full time job that they have returned to work at. Background checks are complete and on file. Training is still being worked on, but will be completed prior to working again.

Childcare Licensur:



Date: 10/28/2022

Dicrector/Providor:



Date: 10/28/2022