FACILITY VISIT

Facility Name: WEE CARE / COMMUNITY HOSPITAL Date: <u>09/26/2020</u> Time: <u>02:54</u>

Phone: <u>307-534-7026</u> Provider: Certificate #: <u>002275</u>

Address: 2000 CAMPBELL DRIVE City: <u>Torrington</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Visit to measure a new room for child care. 12 Children present with 4 staff. The new room is planned to be used for infants. Casey will move in the portable sink and changing table. The room measures 17.75' x 17' =301.75 - 9 for the door = 292.75/50 = capacity of 5. The Licenser will email a change request form to Casey. Licenser will contact Fire and Sanitation about the space. No direct exit to the outside.

Dicrector/Providor:

Date: <u>09/01/2020</u>

Childcare

Date: 09/01/2020 Licensor: