

FACILITY VISIT

Facility Name: WEE CARE / COMMUNITY HOSPITAL

Date: 11/16/2021

Time: 10:30

Provider: _____

Certificate #: 002275

Phone: 307-534-7026

Address: 2000 CAMPBELL DRIVE

City: Torrington

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

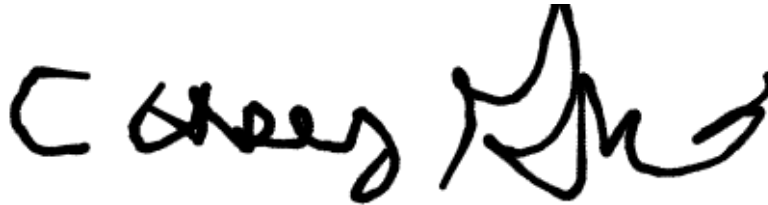
When the Licensor arrived 8 children were outside with 1 staff. There were 3-infants, and 1 - one year old inside with 1 staff. 2 children were using the restroom. The child care rooms were rearranged and there are now besides an infant room, 2 classrooms with one staff each. The children are eating in their classrooms, the smaller classes have been more enjoyable for both children and staff. Casey shared the social emotional program the children are working with that they are seeing the benefits from. Staff records are current. No corrections needed.

Childcare
Licensor:



Date: 11/16/2021

Director/Provider:



Date: 11/16/2021