

FACILITY VISIT

Facility Name: Smith Child Care

Date: 09/28/2021

Time: 03:15

Provider: _____

Certificate #: 002282

Phone: 307-351-0179

Address: 515 S. 7th St.

City: Douglas

Facility Type: ☒ FCCH ☐ FCCC ☐ CCC

Comments/TA Provided:

6 children present when the Licenser arrived: 2- infant, 2- 2 year olds, 2- 3 year olds, 1- 4 year old. 1 violation observed. Discussed making the rooms in the hallway that are not approved for child care use. Jennifer will come up with a plan.

Childcare
Licensor:



Date: 09/28/2021

Dicrector/Providor:



Date: 09/28/2021