

FACILITY VISIT

Facility Name: Smith Child Care

Date: 03/02/2022

Time: 09:05

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. 2- 1 year olds, 1-2 year old, 2-3 year olds, 1- 4 year old. Jennifer has added a gate to the hallway to keep the rooms inaccessible. Attendance checked. No medications were stored in the medicine cabinet. Jennifer mailed in her Central Registries yesterday. Discussed renewal training. Jennifer was encouraged to apply for the Stabilization grant.

Childcare Licensor:



Date: 03/02/2022

Director/Provider:



Date: 03/02/2022