

FACILITY VISIT

Facility Name: Adventure Kids Daycare

Date: 02/11/2021

Time: 02:45

Provider: _____

Certificate #: 002446

Phone: 307-883-7529

Address: 107736 HWY 89 Rm# 12

City: Etna

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

On 2.11.21 a compliance monitoring visit was done via phone with permission from Licensing Supervisor RH. One new staff member (R.B.) has been hired and observed in the facility for less than 24 hours this week. Fingerprints have been returned and Provider is waiting for central registry and sex offender check to be completed. Staff member will not work in facility until those items have been completed. We discussed the variance that was recently approved for a temporary capacity increase. An in-person inspection will be done next month for the license renewal.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____