

FACILITY VISIT

Facility Name: Helping Hands

Date: 07/30/2024

Time: 09:45

Provider: _____

Certificate #: 001577

Phone: 307-286-8349

Address: 742 Hirst St

City: Cheyenne

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Anna stated she is no longer smoking in sight of the children. During nap time she will stand outside by the open window where she can see and hear the children while they are sleeping. TA: Update child record forms to include over the counter medication forms in M.M.'s file. TA: Anna, will submit a variance request to be allowed to play in the front yard with the children. Have the parents sign a permission form for the children to play in the front yard with Anna. Vaccination records have been added to the files that were missing them.

Childcare
Licensor:



Date: 07/30/2024

Dicrector/Providor:



Date: 07/30/2024