

FACILITY VISIT

Facility Name: Hugs and Cuddles Daycare

Date: 09/19/2023

Time: 10:44

Provider: _____

Certificate #: 001582

Phone: 307-333-5713

Address: 2929 Pheasant

City: Casper

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Unannounced visit completed on this date. Discussed record keeping, and attendance. Discussed attendance for emergency purposes or verification of staff/child ratios. There are 3 children present at time of visit 2 infants, 1 1 yr old. Lavita has 8 children enrolled at this time. She has 4 children that come before and after school and another child. Discussed infant feeding/diapering logs. Discussed different ways of doing logs, and attendance records. Reminded Lavita that her CPR/FA expire in January. Requested that this be renewed prior to expiration. Please call me with any questions. Thank you!

Childcare
Licensor:



Date: 09/19/2023

Director/Provider:



Date: 09/19/2023