

FACILITY VISIT

Facility Name: Kids Works East

Date: 08/28/2024

Time: 01:10

Provider: _____

Certificate #: 017133

Phone: 307-337-1323

Address: 349 N. Walsh Dr.

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Discussed qualified staff and keeping staff supervised until they have met all requirements. Reviewed staff record summary and discussed with Lynde that updated staff records on the correct form. Licensing will email the form. There are 3- 1yo and 5- 2yo with Skyleigh. There are 2- 1yo and 1- 3yo with Holly. There are 3 infants with Najhmi. There 6- 3 yo with Cody. There are 2- 4 yo with Blanca.

Childcare Licensor: _____

Date: _____

Dicrector/Providor: _____

Date: _____