

FACILITY VISIT

Facility Name: Little Blessings

Date: 12/07/2023

Time: 10:02

Provider: _____

Certificate #: 000254

Phone: 307-431-0028

Address: 195 Pronghorn St. Ste. B

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed this date. Yvonne or Jessica is not available. Called Yvonne and was given the information to speak with Monica. Monica has just returned from being out. Reviewed staff record. There are 14 children present with 2 staff. They have quite a few children out with influenza. Please send me attendance for staff and children from 11/20/2023 -12/07/2023. Discussed director present 50 percent and assistant director when the director is gone. Hope everyone gets to feeling better. Please call me with any questions.

Childcare
Licensor:



Date: 12/07/2023

Director/Provider:



Date: 12/07/2023