

FACILITY VISIT

Facility Name: Nana's House

Date: 10/08/2020

Time: 03:45

Provider: _____

Certificate #: 001295

Phone: 307-335-5088

Address: 999 South 5th

City: Lander

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Unannounced visit. (2) staff, (9) children present at visit. Ages: (1) infant, (1) age 1, (1) age 2, (1) age 3, (2) age 4, (1) age 6, (1) age 7, (1) age 8. This group is staff/child ratio compliant. They were well supervised playing or eating snack, (1) child sleeping. TA provided, we discussed upcoming sanitation inspection being combined with renewal inspection. No violations observed. All staff requirements are compliant. Licensor received a copy of current fire inspection and Kay's drivers license information. Licensor will email provider a central registry form and central registry email address.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____