

FACILITY VISIT

Facility Name: Amanda's Kid-Cave

Date: 12/07/2017

Time: 10:20

Provider: _____

Certificate #: 014853

Phone: 307-922-3788

Address: 1728 N. Cannon

City: Casper

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

8-(2) 1's (7) 3 and up w/Amanda and Corine. No infants enrolled. Corinne is new staff in the last year, fully qualified. Corrine has BLS provider CPR-licensing will check on this. Amanda had a furnace go out but has another one, she is struggling with having the repair completed. The facility is adequately heated at this time. Amanda is cooking spaghetti for lunch.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____