

FACILITY VISIT

Facility Name: Bright Minds Childcare and Learning Center Date: 04/03/2018 Time: 03:10
Provider: _____ Certificate #: 001692 Phone: 307-333-1501
Address: 2501 E. 3rd St. City: Casper

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

7-Infant-w/Debbie and Dolly infant logs are completed. Shannon left sick Jennifer is on her way to help support staff. 5-1's w/Hayley staff Shannon left sick. 8-2-3's w/Bryn 8-3 and up w/Marissa all kids were together. Jennifer arrived split groups. Licensing checked current staff records for new hire: Bryn,Nicole, Shannon, Haley, Marissa

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____