

FACILITY VISIT

Facility Name: Lisa's Day Care

Date: 09/20/2018

Time: 10:25

Provider: _____

Certificate #: 002334

Phone: 307-262-1841

Address: 2511 Sagewood Ave.

City: Casper

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Required unannounced visit Discussed training for renewal. 6 children present at time of visit. Aiden 2, Cohen 2, Vyvyan 3, Dax 3, Cohen 18 mos, Lennon 6 mos. Things are going. Lisa has 12 children enrolled at this time never has more than 8 children at one time. Infant sleeps in pack n play, no blankets, on back. Lisa is texting mom diaper/feeding info but doesn't keep. Please keep a running text or use something that shows history. No staff at this time. Daughter will be turning 18 ion Nov. Please send CR/DCI/FBI and TB. Please call me w/any questions. Thank you!!

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____