

FACILITY VISIT

Facility Name: Lisa's Day Care

Date: 10/02/2019

Time: 10:15

Provider: _____

Certificate #: 002334

Phone: 307-262-1841

Address: 2511 Sagewood Ave.

City: Casper

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Required unannounced visit. Has a girl that has come and observed a couple of days. reminder her that before they can work at facility they must be qualified, discussed qualifications. There are 7 children present at time of visit. Cowen 2, Jackson2, Daxton 3, Kalyah 3, Evony 2, Olivia 3, and Nixon 1. Children playing and watching a movie. Reminded Lisa to send central registry screens for her and her husband mid-December so they are received by expiration. Please call me with any questions. Thank you!

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____