

FACILITY VISIT

Facility Name: Wyoming Child and Family Development Douglas Center Date: 09/18/2018 Time: 10:37

Provider: _____

Certificate #:
002470

Phone:
307-358-3901

Address: 630 ERWIN

City: Douglas

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Please renew CPR/FA this month for all applicable staff. 18-3-5 yr olds w/Katrina,Minty/Darcy outside playing. 16-3-5 yr olds w/Kaylee ,Amy, Toni in classroom. Shawna only has one new staff, she is gone today.

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____