

FACILITY VISIT

Facility Name: Busy Bumblebees

Date: 01/31/2018

Time: 08:50

Provider: _____

Certificate #: 000918

Phone: 307-267-4124

Address: 4925 Natrona Ave.

City: Mills

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Out to deliver CCL-301-Statement of Allegations. Gave copy to Carmen. Photos of attendance and staff scheduled for week of 01/22/18 & 01/31/18. Verified staff records for all staff. Discussed assistance director requirements. Discussed infant- even if its a staff child can't sleep in rock n sleeper, bust be slept on flat hard surface without specific consent from doctor. Please send insurance and driver's licenses for all who transport. Please call me w/questions. Notice of Non Compliance CCL-305 will be sent. Thank you!

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____