

FACILITY VISIT

Facility Name: Lullababies

Date: 07/08/2020

Time: 10:00

Provider: _____

Certificate #: 017059

Phone: 307-439-9993

Address: 317 N. McKinley St.

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Virtual new Director visit with Amanda on 7/8/2020. Topics discussed included, outdoor play space, Infant Toddler online options, items for renewal and online training options. Penny emailed CCL 205 in Excel format, training options and environment documents to assist with setting up classrooms.

Director/Provider:

PH

Date: 07/09/2020

Childcare Licensor:

Virtual

Date: 07/09/2020