

FACILITY VISIT

Facility Name: The Neighborhood School

Date: 08/06/2018

Time: 2:30

Provider: _____

Certificate #: 001436

Phone: 307-632-3339

Address: 3919 Central Ave

City: Cheyenne

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Delivered CCL-301, Notice of Allegations. Interviewed Maureen Giordano and staff members Tammy, Austin and Liz. Reviewed 07/30-08/03/18 attendance records and injury reports.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____