

FACILITY VISIT

Facility Name: Laramie Educational Afterschool Facility

Date: 07/02/2018

Time: 01:00

Provider: _____

Certificate #: 014854

Phone: 307-742-9372

Address: 715 Shields

City: Laramie

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Delivered CCL-301 Statement of Allegations. Interviewed 2 staff members and Director. Ratios are in compliance. Observed classroom doorways and where staff stands to call for cover.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____