

FACILITY VISIT

Facility Name: Laramie Educational Afterschool Facility

Date: 07/18/2018

Time: 09:45

Provider: _____

Certificate #: 014854

Phone: 307-742-9372

Address: 715 Shields

City: Laramie

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Delivered CCL-301, Statement of Allegations. Interviewed Kristine Koss, Director and Louisa Kennedy, Assistant Director. Received JH attendance, sunscreen permission, staff contact information and full facility attendance for July 6, 2018. All staff was on a field trip and will be back to the facility at 3:30pm.

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____