

FACILITY VISIT

Facility Name: Laramie Educational Afterschool Facility

Date: 11/01/2018

Time: 3:00

Provider: _____

Certificate #: 014854

Phone: 307-742-9372

Address: 715 Shields

City: Laramie

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Fire and sanitation are current. Provided and reviewed staff summary. Arrived at 3pm and no assistant director or director was on site. Two teacher were present with 4 children and neither teacher on site had sufficient knowledge or authority to make decision for the center, or had knowledge on how to access files and records. Technical assistance provided. Ratios okay (2:15 - school age and 2:10-5 year old, 2-6 year old). Classrooms look great!

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____