## **FACILITY VISIT**

Facility Name: <u>Stacey Houk Family Enrichment Center, DBA Stacey Houk</u>
<u>Learning Center</u>

Date: <u>08/03/2021</u> Time: <u>02:30</u>

Provider: \_\_\_\_\_ Certificate #: Phone: \_\_\_\_\_ 014324 307-534-5339

Address: <u>1765 West C St.</u> City: <u>Torrington</u>

Facility Type: \_\_\_ FCCH \_\_\_ FCCC X\_CCC

Comments/TA Provided:

Technical Assistance visit. Meeting with Misha, to discuss staff files, staff checklist for staff files, submission of all the fingerprint forms. Started the Staff summary during the visit for the license renewal. Reviewed Staff training requirements.

Childcare Licensor:

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Date: <u>08/03/2021</u>

Dicrector/Providor:

Me >h: u di Ver Date: 08/03/2021