

FACILITY VISIT

Facility Name: The Neighborhood School

Date: 07/21/2021

Time: 09:30

Provider: _____

Certificate #: 001436

Phone: 307-632-3339

Address: 511 W 19th Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

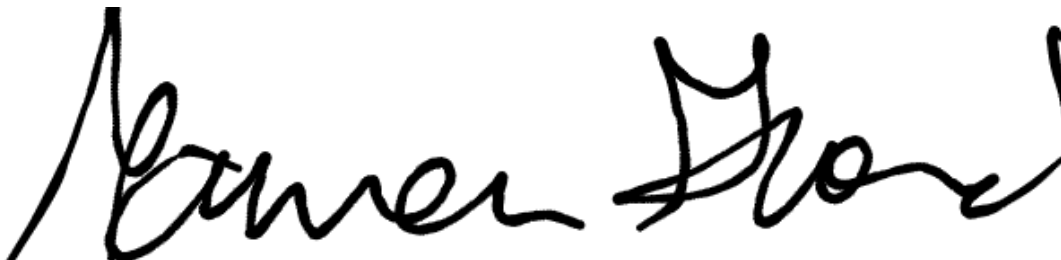
Compliance monitoring completed for staff records. Checked all central registry and checked on all out of state central registries. Everything is in compliance. Gave reminder about expiring fingerprints. Discussed training - let me know when ready and I will pull and review.

Childcare Licensor:



Date: 07/21/2021

Director/Provider:



Date: 07/21/2021