FACILITY VISIT

Facility Name: <u>Laramie Educational Afterschool Facility</u> Date: <u>05/12/2021</u> Time: <u>05:00</u>

Provider: _____ Certificate #: <u>014854</u> Phone: <u>307-742-9372</u>

Address: 715 Shields City: Laramie

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Follow up visit to check ratios. All classrooms in ratio (1:7, 1:2, 1:3 all school age). No hazards or violations observed.

Dicrector/Providor:

Date: <u>05/12/2021</u>

Childcare Licensor:

Date: <u>05/12/2021</u>