

FACILITY VISIT

Facility Name: True North Academy

Date: 05/21/2021

Time: 10:15

Provider: \_\_\_\_\_

Certificate #: 014960

Phone: 307-586-2335

Address: 1619 Stampede Ave

City: Cody

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

Comments/TA Provided:

Monitoring visit for staff file check. Staff summary received reflecting current CPR/FA dates for all staff. Compliance received by email.

Director/Provider:



Date: 05/21/2021

Childcare Licensor:



Date: 05/21/2021