

FACILITY VISIT

Facility Name: True North Academy

Date: 07/13/2022

Time: 03:25

Provider: _____

Certificate #: 014960

Phone: 307-586-2335

Address: 1619 Stampede Ave

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit completed on this day. Facility walk through completed. Big Kid room ratios: 8 to one staff Infant room: 5 to 2 staff Toddler: 9 to two staff Two year old classroom: 5 to two staff No transportation and no pets at facility CACFP food program Observed snack time and meal service.

Childcare Licensor:



Date: 07/13/2022

Director/Provider:



Date: 07/13/2022