

FACILITY VISIT

Facility Name: ST. ANTHONYS PRESCHOOL

Date: 04/20/2022

Time: 11:30

Provider: _____

Certificate #: 001808

Phone: 307-234-2873

Address: 1145 West 20th street

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted. Discussed training requirements. Part time preschool classroom - 9 three year olds, 14 four & five year olds & 2 staff. All day preschool classroom - 12 four & five year olds & 2 staff.

Childcare Licensor:



Date: 04/20/2022

Director/Provider:



Date: 04/20/2022