

FACILITY VISIT

Facility Name: Marlene Trowbridge

Date: 06/22/2020

Time: 10:20

Provider: _____

Certificate #: 001832

Phone: 307-632-3628

Address: 3703 Everton

City: Cheyenne

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed on this date. Ratios 1:3 (1, 2, 3) - in compliance. Discussed grant money and stipends from Wyoming Kids First. Forwarded Tania's email regarding the tax forms and how to apply for the available grants. Discussed training requirements and how to get them with no in person classes. Home looks beautiful, no hazards observed.

Director/Provider:



Date: 06/22/2020

Childcare Licensor:



Date: 06/22/2020