

FACILITY VISIT

Facility Name: GREEN RIVER CO-OP PRESCHOOL

Date: 09/17/2020

Time: 12:35

Provider: _____

Certificate #: 001868

Phone: 307-875-9410

Address: 840 HITCHING POST

City: Green River

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

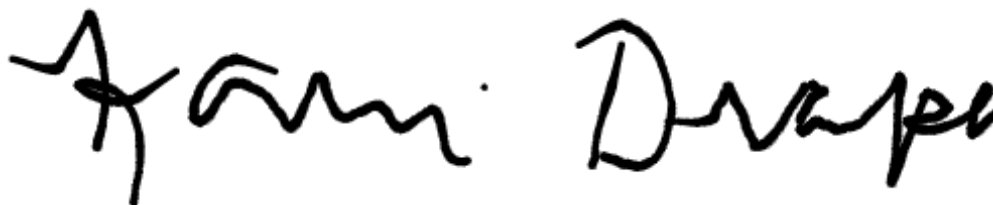
This is the annual facility visit. There are 16 children in attendance at the time of the visit with 3 staff member, Kami, Krista and Lisa (2 - 3 years old, 14 - 4/5 years old). Reveiwed staff qualifications with director and received updated CPR/FA for staff members. Julianne is not working today, but has completed new FA/CPR and will have it on file before she returns to work at the facility. The facility is all in compliance at the time of the visit.

Director/Providor:



Date: 09/17/2020

Childcare Licensor:



Date: 09/17/2020