

FACILITY VISIT

Facility Name: YWCA Early Care Center

Date: 05/05/2021

Time: 01:45

Provider: _____

Certificate #: 002036

Phone: 307-352-6635

Address: 1037 Jackson Street

City: Rock Springs

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

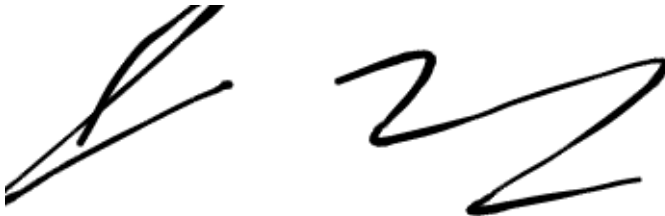
This visit is was for the purpose of delivering the Statement of Childcare Allegations. All rooms were visited and are compliant. The staff files are complaint. Infants had 5 children with 2 staff One-year-olds had 6 children and 2 staff Two-year-olds had 7 children and 1 staff

Dicrector/Providor:



Date: 05/05/2021

Childcare
Licensor:



Date: 05/05/2021