

FACILITY VISIT

Facility Name: YWCA Early Care Center

Date: 05/10/2022

Time: 12:20

Provider: _____

Certificate #: 002036

Phone: 307-352-6635

Address: 1037 Jackson Street

City: Rock Springs

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

The purpose of this visit was to talk with staff and Jennifer. A statement of childcare allegations was delivered today.

Childcare Licensors:



Date: 05/10/2022

Director/Provider:



Date: 05/10/2022