

FACILITY VISIT

Facility Name: Harvest Time Child Care

Date: 09/20/2022

Time: 02:00

Provider: _____

Certificate #: 002207

Phone: 307-638-2241

Address: 4700 Ocean Loop

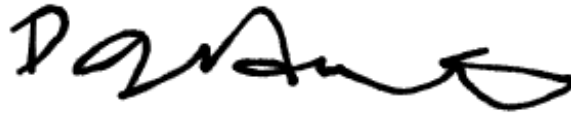
City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Reviewed staff requirements. Checked ratios. TA: speech therapist variance needed and TA for washing faces. Remember Percption!

Childcare Licensors:



Date: 09/23/2022

Dicrector/Provider:



Date: 09/23/2022