

FACILITY VISIT

Facility Name: Excel Preschool

Date: 08/26/2020

Time: 10:00

Provider: _____

Certificate #: 002320

Phone: 307-326-5839

Address: 204 W Spring St

City: Saratoga

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

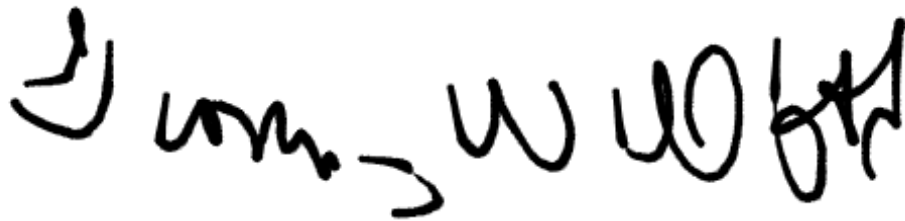
There are 12 children in attendance at the time of the visit with three staff members, Lisa, Kim, Christa (12 - 3 year olds). Checked staff record form and all compliant at the time of the visit. The facility is all compliant at the time of the visit and I appreciate and respect what you are doing to help with prevention of COVID 19.

Director/Provider:



Date: 08/26/2020

Childcare Licensor:



Date: 08/26/2020