

FACILITY VISIT

Facility Name: FIRST UNITED METHODIST PRESCHOOL

Date: 07/08/2020

Time: 11:15

Provider: _____

Certificate #: 002390

Phone: 307-324-8434

Address: 800 N23rd Street

City: Rawlins

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This visit is a follow up visit to ensure compliance for renewal with supervision, ratios, and attendance. During the time of the visit the kids are playing at the train park. There are 5 children in attendance at the time of the visit with 1 staff person kourtney - (2 - 3 years old, 2 - 4/5 year old, and 1 - 6 years old) Facility is all compliant at the time of the visit and can be fully license for renewal. Kourtney was given permission by the director to sign the visit form since she is in direct supervision of children at the park.

Director/Provider:



Date: 07/08/2020

Childcare Licenser:



Date: 07/08/2020