

FACILITY VISIT

Facility Name: YMCA Learning Center

Date: 05/06/2021

Time: 01:30

Provider: _____

Certificate #: 002391

Phone: 307-634-9622

Address: 1426 E. Lincolnway

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed in person on this date. Ratios in compliance at the time of the visit. Discussed sleeping infant arrangement. Classrooms look great no hazards observed. Requested a copy of JJ driver's license before she transport for facility. Reviewed all new and expired staff items. Gave reminder about expiring fingerprints for 3 employees this year.

Director/Provider:



Date: 05/06/2021

Childcare Licensor:



Date: 05/06/2021