

FACILITY VISIT

Facility Name: Trinity Lutheran School

Date: 10/21/2020

Time: 11:20

Provider: _____

Certificate #: 002407

Phone: 307-635-2802

Address: 1111 East 22nd. St.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC CCC

Comments/TA Provided:

14 children present with 2 staff 3- 5 years of age. One child left during the visit. The rest are in care for the afternoon. The Licensor arrived during nap time. Gail was back and forth to the kitchen warming food and helping getting the children's lunches for them. J.R. has completed Pre-service and staff orientation. The Licensor has not received a variance request for J.R. to work while waiting completion of her out of state C.R. Gail with resend the variance request to the Licensor.

Director/Providor:



Date: 10/21/2020

Childcare
Licensor:



Date: 10/21/2020