

FACILITY VISIT

Facility Name: DEVELOPMENTAL PRESCHOOL AND DAY CARE

Date: 03/15/2022

Time: 02:00

Provider: _____

Certificate #:
002444

Phone:
307-742-6374

Address: 1771 Centennial Dr.

City: Laramie

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit completed at the request of director due to staffing concern that Dawna wanted licensing to review. Licensor viewed camera footage and discussed with Dawna. Licensor did not observe any concerns at the time of this visit. No hazards or violation observed.

Childcare Licensor:



Date: 03/15/2022

Director/Provider:



Date: 03/15/2022