FACILITY VISIT

Facility Name: Marion Daycare and Learning Center

Date: <u>02/03/2022</u>

Time: <u>11:00</u>

Provider: _____

Certificate #: <u>002464</u>

Phone: <u>307-672-5408</u>

Address: 710 Marion St

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

No staff changes. Kids eating at the time of the visit. 10-2yrs with 2 staff, 7-3yrs with 1 staff, 6-3/4yrs with 1 staff, 10-4/5yrs with 1 staff

Childcare Licensor:

Date: <u>02/03/2022</u>

Dicrector/Providor:

Date: <u>02/03/2022</u>