

FACILITY VISIT

Facility Name: YMCA Child Care Center

Date: 08/17/2021

Time: 01:29

Provider: _____

Certificate #: 001687

Phone: 307-684-9558

Address: 419 W. Angus St.

City: Buffalo

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility is looking to add transportation when school begins. They plan to transport kids 3yrs and older. Currently there are booster seats in the bus. They are ordering 5 point harness seats for smaller children if needed. The bus has meets all licensing requirements. Discussed taking attendance and emergency medical consent when transporting children. At the time of the visit 1 infant, 3-2yrs, 1-3yr, 1-4yrs, 6yrs, 8yrs with 3 staff. Discussed variance options for out of state central registry wait time and infant/toddler credntial.

Childcare Licensors:



Date: 08/17/2021

Dicrector/Providor:



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