FACILITY VISIT

Facility Name: YMCA Child Care Center Date: 12/01/2021 Time: 10:30

Provider: _____ Phone: <u>307-684-9558</u>

Address: 419 W. Angus St. City: Buffalo

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

4-infants, 2-1yrs, 3-2yrs, 3-3yrs, 3-4yrs, 1-5yrs with 4 staff Facility clean and organized at the time of the visit. Discussed infant/toddler credential class.

Childcare Licensor:

Date: <u>12/01/2021</u>

Dicrector/Providor:

Date: <u>12/01/2021</u>