

FACILITY VISIT

Facility Name: Wyoming Child Family Development Guernsey Early
Childhood Center

Date: 08/27/2020 Time: 02:10

Provider: _____

Certificate #: 002398 Phone: 307-836-2838

Address: 371 SOUTH KANSAS

City: Guernsey

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

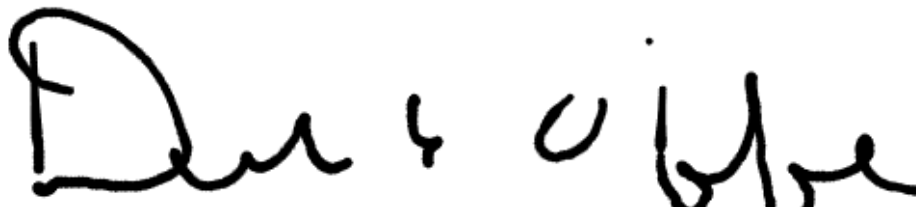
Danielle was not present at the time of the visit. Deb screened the Licensor and helped the Licensor to the classrooms. In the Head Start classroom there were 14 children present eating their snacks when the Licensor arrived. 3 staff were working with the children. In the Preschool Academy 8 children were present with 3 staff. The Early Head Start classroom had 9 children present earlier, all had left by the time the Licensor arrived in the room. 3 Staff were working in the room this day. Classrooms, restrooms and the play ground were all checked. The Licensor will contact Danielle to confirm if an out of state C.R. is on file for T.Z.

Director/Provider:



Date: 08/27/2020

Childcare
Licensor:



Date: 08/27/2020