

FACILITY VISIT

Facility Name: Big Horn Kinder Camp, LLC

Date: 11/30/2017

Time: 04:00

Provider: _____

Certificate #: 014320

Phone: 307-461-8017

Address: 24 Creighton Street

City: Big Horn

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

No kids at time of visit. No compliance due.

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____