

FACILITY VISIT

Facility Name: Big Horn Kinder Camp, LLC

Date: 11/25/2019

Time: 09:30

Provider: _____

Certificate #: 014320

Phone: 307-461-8017

Address: 24 Creighton Street

City: Big Horn

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Ratios compliant at time of visit. Discussed expulsion policy and training requirements. Amy may be interested in contacting Penny for challenging behavior consultation.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____