

FACILITY VISIT

Facility Name: Sweet Peas Child Care

Date: 02/28/2018

Time: 12:15

Provider: _____

Certificate #: 014868

Phone: (307) 347-8687

Address: 326 N 11th St

City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Completed facility visit 2/28/2018, well staffed, good supervision and ratios, great improvements to the building, well organized and very homey feel for such a big building. No noted violations.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____