

FACILITY VISIT

Facility Name: Sweet Peas Child Care

Date: 08/01/2018

Time: 10:13

Provider: _____

Certificate #: 014868

Phone: (307) 347-8687

Address: 326 N 11th St

City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Director Misty Robertson present at time of visit. Violations for infant feeding and diaper changing was documented on CCL-300. CAP required. Original allegations for ant infestation and lack of diaper changing was not found non-compliant due to lack of supporting evidence.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____