

FACILITY VISIT

Facility Name: Sweet Peas Child Care

Date: 05/02/2019

Time: 1:04

Provider: _____

Certificate #: 014868

Phone: 307-347-8687

Address: 326 N 11th St

City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

CCL-301 was delivered to director Misty Robertson, Investigation conducted, staff interviewed. Observed ratios and supervision in compliance.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____