CCL-300
04/19

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Kiddie Cottage Date: 02/20/2019 Time: 12:30

Provider: _____ Certificate #: 001521 Phone: 307-399-9274

Address: 2123 GARFIELD City: Laramie

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Fire and sanitation current. Reviewed staff summary and viewed CPR/Fa cards for all staff members. Ratios in compliance. Arrived at nap time, kiddos were laying nicely and a quiet activity offered. Great environment.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____