

FACILITY VISIT

Facility Name: Kids Country Daycare

Date: 07/23/2019

Time: 3:00

Provider: _____

Certificate #: 001676

Phone: 307-752-0140

Address: 1095 Sugar View

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit to facility. They were transitioning from nap time to snack/outdoor play time. Kids were being shuffled between groups/staff, but ratios were compliant through the transition.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____