

FACILITY VISIT

Facility Name: Kids Country Daycare

Date: 01/08/2020

Time: 02:00

Provider: _____

Certificate #: 001676

Phone: 307-752-0140

Address: 1095 Sugar View

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Delivered CCL-301 and interviewed staff. Ratios compliant at time of visit.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____