

FACILITY VISIT

Facility Name: Kids Country Daycare

Date: 08/10/2020

Time: 03:00

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 and delivered CL-301. Kids napping/resting at time of visit. 22 kids divided into 3 groups with 4 staff. Ratios compliant at time of visit.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____