

FACILITY VISIT

Facility Name: Scotty's Toy Box LLC

Date: 12/03/2018

Time: 2:15

Provider: _____

Certificate #: 016983

Phone: 307-939-3290

Address: 800 Shoshone Ave.

City: Gillette

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Delivered license and fee receipt. 1yr - nap time - 1 staff 2 families decided to wait till new year to start - hoping enrollment picks back up.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____