CCL-300
04/24

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: One Oak Activity Center/Cassidy's Care Date: 09/24/2020 Time: 10:10

Provider: _____ Certificate #: 017029 Phone: 307-431-0707

Address: 1115 Obie Sue Avenue City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Health inspection completed with the local health inspector. Ratios and supervision observed and in compliance.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____