CCL-300
04/30

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Big Horn Babies, LLC Date: 06/25/2020 Time: 02:30

Provider: _____ Certificate #: 017064 Phone: (307) 620-0827

Address: 415 S. Brooks St. City: Sheridan

Facility Type: ___ FCCH X FCCC ___ CCC

Comments/TA Provided:

Visit completed virtually due to COVID-19 restrictions. At time of visit 1-1yrold, 2-2yrold, 1-3yrold, 4-4/5yrolds, 3-school age with 2 staff. Facility is meeting parents at the door to screen children before entering. Reviewed staff records. Rachelle only has 1 staff at this time. No compliance due.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____