CCL-300
04/26

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Little Tykes University Date: 11/13/2017 Time: 12:40

Provider: _____ Certificate #: 002169 Phone: 307-363-4391

Address: 211 S Brooks Ave City: Gillette

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Stephanie and Deanna were present with 12 children ages 2 yrs-4 yrs. The children were playing during free time. Provided current CR Screening and reminder that CR Screens need to be completed yearly under the new rules. The facility has discontinued the Monday morning session. Provided reminder for local training opportunity tonight at St. Matthews Parish Hall.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____