

FACILITY VISIT

Facility Name: Little Sprouts Preschool

Date: 11/20/2017

Time: 09:15

Provider: _____

Certificate #: 002176

Phone: 307-299-1525

Address: 105 Wright Blvd Suite B106

City: Wright

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Schelbi and 11 children (ages 4-5 yrs.) were present at the time of the visit. The children were working on Thanksgiving crafts. Discussed STARS training requirements and staff requirements. No compliance due, no 305 was mailed.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____