

FACILITY VISIT

Facility Name: Little Feet Daycare

Date: 04/08/2019

Time: 12:17

Provider: _____

Certificate #: 002528

Phone: 307-876-2535

Address: 400 Pine Street

City: Shoshoni

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

5 children present with Ambruss Peters. Ratios in compliance. Things going well will be closing for the summer end of the school year. Lunch time observed, no changes to back yard.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____