FACILITY VISIT

Facility Name: <u>Little Fox Den Daycare</u> Date: <u>07/14/2020</u>

Pate: <u>07/14/2020</u> Time: <u>11:57</u>

Provider: _____ Certificate #: <u>001079</u>

Phone: <u>307-871-4666</u>

Address: 2005 Wyoming Drive City: Green River

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

There are 5 children in attendance at the time of the visit with one staff person (1 - infant, 2 - 2 years old, 1 - 3 years old, 1 - 4 years old. Facility is all compliant at the time of the visit and provider is working to recertify her CPR/FA which is due by the end of August.

Dicrector/Providor:

Date: <u>07/14/2020</u>

Childcare Licensor:

Date: <u>07/14/2020</u>