

FACILITY VISIT

Facility Name: Sweet Peas Child Care

Date: 05/05/2021

Time: 11:45

Provider: _____

Certificate #: 014868

Phone: (307) 347-8687

Address: 326 N 11th St

City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Director on site at time of visit, Ratios 4:19, supervision in compliance, CCL-301 given to director. Director was interviewed. No other staff is present that witnessed the events, Staff contact information was obtained. Owner was given CL-301.

Director/Provider:



Date: 05/05/2021

Childcare Licensors:



Date: 05/05/2021