

FACILITY VISIT

Facility Name: Toddler Town

Date: 10/01/2021

Time: 11:15

Provider: _____

Certificate #: 016910

Phone: 307-632-2822

Address: 711 Warren Ave.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

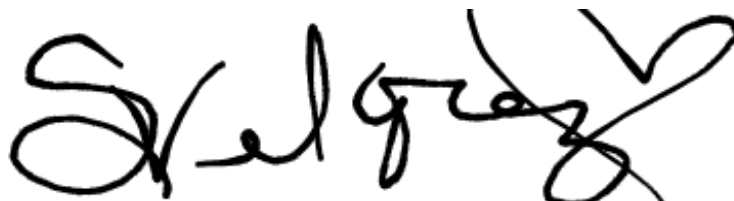
Provided the CCL-301 Statement of Allegations. Interviewed Savannah. By Tuesday October 5, 2021 the following is needed at licensing: Infant documentation, attendance for children and staff for 9/2/2021, Kangaroo conversations, and staff phone numbers.

Childcare Licensors:



Date: 10/01/2021

Director/Provider:



Date: 10/01/2021