

FACILITY VISIT

Facility Name: Toddler Town

Date: 09/01/2022

Time: 02:05

Provider: _____

Certificate #: 016910

Phone: 307-632-2822

Address: 711 Warren Ave.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Discussed policy. Requested teacher contacts for child. Start date for the family and days attended. Notes of "how".

Childcare Licensors:

DG. H. MO

Date: 09/15/2022

Director/Provider:

*on file - hand
copy*

Date: 09/15/2022