

FACILITY VISIT

Facility Name: LITTLE EXPLORERS PRESCHOOL

Date: 10/20/2020

Time: 08:13

Provider: _____

Certificate #: 001697

Phone: 307-587-4272

Address: 825 SIMPSON

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Follow up visit for provisional. 1-4YO: 1 staff. Classroom hours M,W,F 8:15-11:15, T,Th 8:15-10:45. Both classrooms are used. Full certifiacte may be issued. Temperature screening is performed at the door.

Director/Provider:



Date: 10/20/2020

Childcare Licensor:



Date: 10/20/2020