FACILITY VISIT

Facility Name: Small Adventures

Provider: _____

Address: 4417 Cheyenne

Date: <u>09/22/2022</u>

Certificate #: <u>017000</u>

City: Laramie

Time: <u>11:50</u>

Phone: <u>727-742-3794</u>

Comments/TA Provided:

2-1yr, 2-2yr, 3-3yr at the time of the visit.

Facility Type: ___ FCCH X FCCC ___ CCC

Childcare Licensor:

Date: <u>09/22/2022</u>

Dicrector/Providor:

Date: <u>09/22/2022</u>