

FACILITY VISIT

Facility Name: Family-Tree House

Date: 03/15/2022

Time: 11:00

Provider: _____

Certificate #: 017042

Phone: 307-763-3500

Address: 501 Sioux

City: Sheridan

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

2 staff with 14 kids at the time of the visit. No questions on the new rules at this time.

Childcare Licensor:



Date: 03/15/2022

Director/Provider:



Date: 03/15/2022