Facility Name: Little Safari Daycare, LLC

Provider: _____

Address: 1103 6th Ave.

Facility Type: ____ FCCH X FCCC ___ CCC

Comments/TA Provided:

Unannounced visit conducted. Discussed ECARES. 3 staff & 3 children - 1yr, 3yr, 3yr. No questions & no changes at this time.

Date: 09/17/2024



FACILITY VISIT

Date: 09/17/2024

City: Upton

Certificate #: 017158

Date: 09/17/2024

State of Wyoming Department of Family Services

Time: <u>10:55</u> Phone: <u>307-468-2474</u>