FACILITY VISIT

Facility Name: <u>LITTLE ONES DAY CARE</u> Date: <u>05/19/2022</u> Time: <u>10:45</u>

Provider: _____ Phone: <u>307-687-0684</u>

Address: 809 Aspen Lane City: Gillette

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

1 infant, 2-2yrs, 2-3yrs, 1-4yrs, 1-5yrs at the time of the visit. Discussed new rule questions. No compliance due.

Childcare Licensor:

Date: 05/19/2022

Dicrector/Providor:

Date: <u>05/19/2022</u>