State of Wyoming Department of Family Services

FACILITY VISIT

Facility Name: <u>LITTLE RASCALS</u>

Date: <u>08/29/2022</u>

Time: <u>10:05</u>

Provider: _____

Certificate #: <u>001830</u>

Phone: <u>307-358-4426</u>

Address: 1001 LAREDO

City: <u>Douglas</u>

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Visit to discuss recent injury report. Discuss a variance that was requested. Discussed supervision of children inside and outside.

Childcare Licensor:

Date: <u>08/29/2022</u>

Dicrector/Providor:

Date: <u>08/29/2022</u>