

FACILITY VISIT

Facility Name: LIL RASCALS

Date: 02/26/2021

Time: 11:59

Provider: _____

Certificate #: 001840

Phone: 307-258-8927

Address: 5220 Antelope

City: Bar Nunn

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

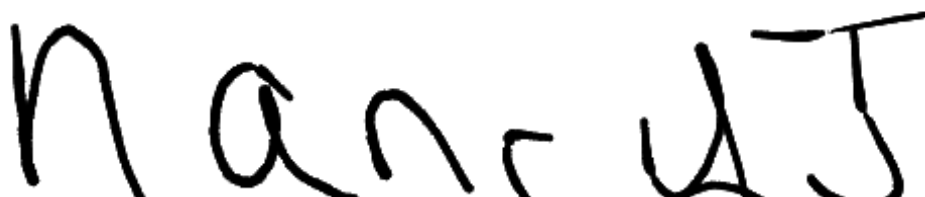
TA- provider is interested in the potential for in person training again rather than just virtual training because she enjoys the in person interactions. Licenser will put in contact directly with PLC. There are 11 children in attendance at the time of the visit with 2 staff members, Nancy and Tammy (1 - 1 years old, 2 - 2 years old, 2 - 3 years old, 6 - 4/5 years old. Conducted a walk through of the facility and the approved available child care space. License, emergency numbers, and emergency routes are posted. Child care facility is all compliant at the time of the visit. Provider is going to work on filling out a copy of the CCL 205 and send that to licenser.

Director/Provider:



Date: 02/26/2021

Childcare Licensor:



Date: 02/26/2021