FACILITY VISIT

Facility Name: WEE COTTAGE DAY CARE

Provider: ____

Address: <u>441 Florence Ave</u>

Date: <u>06/16/2021</u> Certificate #: <u>002024</u> City: <u>Sheridan</u>

Time: <u>03:34</u> Phone: <u>307-751-1952</u>

Facility Type: <u>X</u>FCCH ____ FCCC ___ CCC

Comments/TA Provided:

2yr, 3yrs, 3yrs, 8yrs at the time of the visit. House clean and organized at the time of the visit. Pam has no changes. She is doing first aid/cpr class tonight.

Dicrector/Providor: Date: 06/16/2021 Childcare Licensor: Date: 06/16/2021