FACILITY VISIT

Facility Name: WEE COTTAGE DAY CARE

Provider: ____

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

Date: <u>09/22/2021</u> Certificate #: <u>002024</u> City: <u>Sheridan</u> Time: <u>11:44</u> Phone: <u>307-751-1952</u>

Facility Type: X_FCCH ____ FCCC ____ CCC

Comments/TA Provided:

2, 2, 3, 3, 3, 4 at the time of visit. No changes and no questions.

Childcare Licensor:



Date: <u>09/22/2021</u>

Dicrector/Providor:

amele Paders

Date: 09/22/2021