

FACILITY VISIT

Facility Name: Little Tykes University

Date: 09/15/2021

Time: 11:00

Provider: _____

Certificate #: 002169

Phone: 307-363-4391

Address: 211 S Brooks Ave

City: Gillette

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted. Provided important reminder email card. 8 four & five year olds & 1 staff.

Childcare Licensor:



Date: 09/15/2021

Director/Provider:



Date: 09/15/2021