State of Wyoming Department of Family Services

FACILITY VISIT

Facility Name: Kiddie Connection

Date: <u>09/23/2021</u>

Time: <u>01:23</u>

Provider: _____

Certificate #: <u>002172</u>

Phone: <u>307-299-8770</u>

Address: 3301 Prairie

City: Gillette

Facility Type: \underline{X} FCCH $\underline{\hspace{1cm}}$ FCCC $\underline{\hspace{1cm}}$ CCC

Comments/TA Provided:

4mo, 1yr, 1yr, 2yr, 2yr, 4yr at the time of the visit. Crystal has no changes.

Childcare Licensor:

Date: <u>09/23/2021</u>

Dicrector/Providor:

Date: <u>09/23/2021</u>