FACILITY VISIT

Facility Name: Small Wonders

Date: <u>10/15/2020</u>

Time: <u>10:18</u>

Provider: _____

Certificate #: <u>002272</u>

Phone: <u>307-587-9229</u>

Address: 2635 Sheridan Ave

City: Cody

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Follow up visit to check staff and child files. All files checked are complete.

Dicrector/Providor:

Date: 10/15/2020

Childcare Licensor:

Date: 10/15/2020