

FACILITY VISIT

Facility Name: JUST 4 KIDS

Date: 09/09/2021

Time: 02:50

Provider: _____

Certificate #: 002284

Phone: 307-686-7558

Address: 1001 N Hwy 14-16

City: Gillette

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Carm out at the time of the visit. Ratios compliant. Facility is planning to hire staff in the near future. No questions or concerns.

Childcare Licensor:



Date: 09/09/2021

Director/Provider:



Date: 09/09/2021