

FACILITY VISIT

Facility Name: JUST 4 KIDS

Date: 08/24/2022

Time: 12:50

Provider: _____

Certificate #: 002284

Phone: 307-686-7558

Address: 1001 N Hwy 14-16

City: Gillette

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Naptime at time of visit. Discussed capacity and enrollment numbers.

Childcare Licensor:



Date: 08/24/2022

Director/Provider:



Date: 08/24/2022