

FACILITY VISIT

Facility Name: Little Sprouts Child Care

Date: 02/04/2021

Time: 12:45

Provider: _____

Certificate #: 002354

Phone: 307-760-2591

Address: 1957 Snowy Range

City: Laramie

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

Compliance monitoring for staff records. All records are now in compliance. Sent Carol a copy of my staff summary for her records and gave reminders for upcoming expiring items. No hazards or violations observed.

Director/Provider:



Date: 02/04/2021

Childcare Licenser:

Date: 02/04/2021