FACILITY VISIT

Facility Name: <u>Little People's Learning Center</u> Date: <u>10/14/2020</u> Time: <u>11:43</u>

Provider: _____ Phone: <u>307-344-9011</u>

Address: <u>324 Powerhouse Road</u> City: <u>Yellowstone National Park</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Sanitation inspection completed. Infant Rooom- 3-infant: 2 staff. 1-2YO, 4-3YO, 2-YO: 3 staff. Emma is float staff. Full certificate will be issued. Emma will send copy of Sanitation inspection to local Sanitarian.

Dicrector/Providor:

AMMO

Childcare Licensor:

Da

Date: <u>10/14/2020</u>

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