FACILITY VISIT

Facilit	v Name:	Little Peop	le's Learning	Center	Date: 05/18/2021	Time: 11:45
	,	Dittie I Cop	TO D ED WITHIN			1111101 11110

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:

Extra facility visit to check files after transfer to Procare system. Files are complete. Discussed a possible renovation of facility.

Dicrector/Providor:

Date: <u>05/18/2021</u>

Childcare Licensor:

Date: <u>05/18/2021</u>