FACILITY VISIT

Facility Name: Kid Prints Inc

Provider: ____

Address: 210 South 5th St.

Date: <u>11/10/2021</u> Certificate #: <u>002512</u> City: <u>Sundance</u> Time: <u>12:20</u> Phone: <u>307-283-2682</u>

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Unannounced visit conducted. Reminder of CR expiring in January. 2yr, 2yr, 3yr, 8 four & five yr olds 11 total & 2 staff. 2 infants, 1yr, 1yr, 2yr - 5 total & 3 staff. Discussed change in director requirements.

