

FACILITY VISIT

Facility Name: True North Academy

Date: 08/31/2021

Time: 03:29

Provider: _____

Certificate #: 014960

Phone: 307-586-2335

Address: 1619 Stampede Ave

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit to deliver CCL301 and discuss complaint.

Childcare Licensor:



Date: 08/31/2021

Director/Provider:



Date: 08/31/2021