FACILITY VISIT

Facility Name: Becky Owens

Date: <u>08/18/2021</u>

Time: <u>10:30</u>

Phone: <u>307-746-9611</u>

Provider: _____

Certificate #: <u>016848</u>

Address: 1655 Sage Street

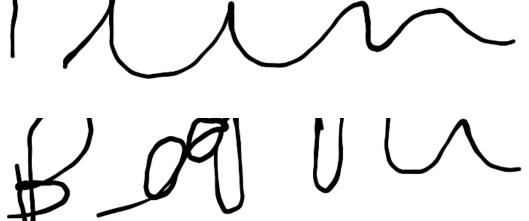
City: Newcastle

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit conducted. Provided important contact card. Discussed upcoming rule change calls. 1yr, 4yr, 5yr, 8yr - 4 total children & 1 staff.

Childcare Licensor:



Dicrector/Providor:

Date: <u>08/18/2021</u>

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