

FACILITY VISIT

Facility Name: Becky Owens

Date: 08/18/2021

Time: 10:30

Provider: _____

Certificate #: 016848

Phone: 307-746-9611

Address: 1655 Sage Street

City: Newcastle

Facility Type: ☒ 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:



Date: 08/18/2021

Director/Provider:



Date: 08/18/2021