FACILITY VISIT

Facility Name: Becky Owens

Provider: _____

Date: <u>07/13/2022</u> Certificate #: <u>016848</u> Time: <u>01:30</u> Phone: <u>307-746-9611</u>

Address: 1655 Sage Street

City: Newcastle

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit conducted. Provided new rule book and early learning standards. 1 staff & 6 total - 1 infant, 2yr, 3yr, 4yr, 6yr, 9yr.

Childcare Licensor:

Date: <u>07/13/2022</u>

Dicrector/Providor:

Date: <u>07/13/2022</u>