

FACILITY VISIT

Facility Name: ABSAROKA HEAD START CODY

Date: 10/19/2021

Time: 01:00

Provider: _____

Certificate #: 001689

Phone: 307-527-6454

Address: 1701 29th Street

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

New Director Visit. Scheduled and discussed renewal. Discussed mat for fence where new outdoor equipment was installed.

Childcare Licensor:



Date: 10/19/2021

Director/Provider:



Date: 10/19/2021