CCL-300 11/03

FACILITY VISIT

Facility Name: Adventure Time Daycare

Provider: ____

Address: <u>106 Kenwood Drive</u>

Date: <u>11/03/2021</u> Certificate #: <u>016940</u> City: <u>Newcastle</u> Time: <u>02:30</u> Phone: <u>307-746-5366</u>

Facility Type: X_FCCH ____ FCCC ___ CCC

Comments/TA Provided:

Unannounced visit conducted. Provided important business email contact card. 1 infant, 5yr - 2 children & 1 staff. No changes made to facility & no questions at this time.

Childcare Licensor:

Date: <u>11/03/2021</u>

Dicrector/Providor:

Date: <u>11/03/2021</u>