

FACILITY VISIT

Facility Name: Kids Haven

Date: 08/18/2022

Time: 02:00

Provider: _____

Certificate #: 017097

Phone: 307-673-2831

Address: 326 Coffeen

City: Sheridan

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

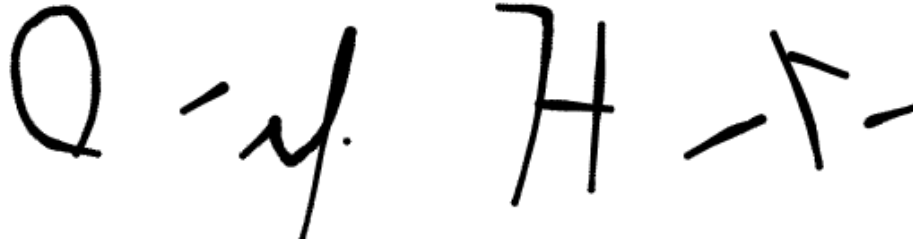
Unannounced extra visit to facility to drop off rule book.

Childcare Licensor:



Date: 08/18/2022

Director/Provider:



Date: 08/18/2022