

FACILITY VISIT

Facility Name: Barney and Graham, LLC

Date: 06/16/2021

Time: 02:45

Provider: _____

Certificate #: 017139

Phone: 307-763-4483

Address: 247 Coffeen Ave

City: Sheridan

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Visit to facility. 2 children at the time of the visit. Sarah was putting child down for nap. Licensor visited with Brooke about renewal requirements.

Director/Provider:



Date: 06/16/2021

Childcare Licensor:



Date: 06/16/2021