FACILITY VISIT

Facility Name: Barney and Graham, LLC

Provider: _____

Address: 247 Coffeen Ave

Date: <u>04/07/2022</u> Certificate #: <u>017139</u> City: <u>Sheridan</u> Time: <u>10:30</u> Phone: <u>307-763-4483</u>

Facility Type: ____ FCCH X_FCCC ___ CCC

Comments/TA Provided:

3 kids at the time of the visit. Delivered rule book. No compliance due.

Childcare Licensor:

Date: <u>04/07/2022</u>

Dicrector/Providor:

Date: 04/07/2022