FACILITY VISIT

Facility Name:	Evonnes Child Care
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Date: <u>07/28/2021</u>

Time: <u>11:30</u>

Provider: _____

Certificate #: <u>001730</u>

Phone: <u>(307)</u> 620-1979

Address: 112 N Bozeman

City: Buffalo

Facility Type: ___ FCCH X FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit conducted. Provided important email business card. CR & SO expiring in August. 1 staff & 3 total children -1yr, 3yr, 2yr.

Childcare Licensor:

Date: <u>07/28/2021</u>

Dicrector/Providor:

Date: 07/28/2021