FACILITY VISIT

Facility Name: Hulett Preschool

Date: <u>09/21/2022</u>

Time: <u>11:00</u>

Provider: _____

Certificate #: <u>002065</u>

Phone: <u>307-467-5727</u>

Address: 429 Sager

City: Hulett

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Unannounced visit conducted. Provided coherent path to quality book & PLC contact info. 3 staff & 12 total children - 3 three year olds & 9 four & five year olds.

Childcare Licensor:

Date: <u>09/21/2022</u>

Dicrector/Providor: