

FACILITY VISIT

Facility Name: Child Development Center R2

Date: 03/23/2021

Time: 01:00

Provider: _____

Certificate #: 002131

Phone: 307-673-2700

Address: 1881 S Sheridan Ave

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Follow up visit to renewal visit to review records for therapists employed by CDC. Visit was conducted at the admin building where therapist records are kept.

Director/Provider:



Date: 03/23/2021

Childcare Licensor:



Date: 03/23/2021