FACILITY VISIT

Facility Name: <u>CHILDREN'S RESOURCE CENTER POWELL</u> Date: <u>05/20/2021</u> Time: <u>10:33</u>

Provider: _____ Phone: <u>307-754-2864</u>

Address: <u>558 EAST 2ND</u> City: <u>Powell</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Monitoring visit to check child files. All files have required immunization records or completed exemptions on file.

Dicrector/Providor:

Date: <u>05/20/2021</u>

Date: <u>05/20/2021</u>

Childcare Licensor:

2mx