

FACILITY VISIT

Facility Name: Shelia Adams

Date: 05/10/2021

Time: 03:00

Provider: _____

Certificate #: 002178

Phone: 307-682-4059

Address: 7301 Robin Drive

City: Gillette

Facility Type: ☒ FCCH ☐ FCCC ☐ CCC

Comments/TA Provided:

Unannounced visit conducted. 5yr, 4yr, 4yr, 3yr, 2yr, 1yr, 1yr - 7 total & 1 staff. Discussed updated variance form. No changes made to facility & no questions at this time.

Director/Provider:



Date: 05/10/2021

Childcare Licensor:



Date: 05/10/2021