FACILITY VISIT

Facility Name: Shelia Adams

Date: <u>08/02/2022</u>

Time: <u>10:30</u>

Provider: _____

Certificate #: <u>002178</u>

Phone: <u>307-682-4059</u>

Address: <u>7301 Robin Drive</u>

City: Gillette

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit conducted. 1 staff & 5 total children - 1 six year old, 3 two year olds, 1 three year old. Discussed policy updates & new rules. No changes to the facility or operations.

Childcare Licensor:

Date: 08/02/2022

Dicrector/Providor:

Date: <u>08/02/2022</u>