FACILITY VISIT

Facility Name: <u>Teddy Bear Daycare</u>

Provider:

Address: 718 N. Hwy 14-16, Unit A-2

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Unannounced visit. Discussed and reviewed new staff and ratios.

Date: <u>10/12/2022</u> Certificate #: <u>002384</u> City: <u>Gillette</u> Time: <u>01:10</u> Phone: <u>307-682-2727</u>

Childcare Licensor:

Date: 10/12/2022

Dicrector/Providor:

Date: 10/12/2022