

FACILITY VISIT

Facility Name: Evanston Child Development Center and
Preschool

Date: 10/27/2021 Time: 03:39

Provider: _____

Certificate #: 002493 Phone: 307-789-7010

Address: 336 Summit

City: Evanston

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

The purpose of this visit was to deliver a CCL-301 Statement of Childcare Allegations.

Childcare Licensors:



Date: 10/27/2021

Director/Provider:



Date: 10/27/2021