Time: <u>10:51</u>

FACILITY VISIT

Facility Name: <u>Holy Name Pre-Kindergarten</u> Date: <u>10/13/2022</u>

Provider: _____ Phone: <u>(307) 672-2021</u>

Address: 121 S Connor City: Sheridan

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

10 4-5yrs:2 staff. 8 3-4yrs:2 staff. No questions or changes.

Childcare Licensor:

Dicrector/Providor:

Date: <u>10/13/2022</u>

Date: 10/13/2022