

FACILITY VISIT

Facility Name: Rebecca Hawke

Date: 09/06/2018

Time: 11:59

Provider: _____

Certificate #: 014876

Phone: 774-488-6549

Address: 44 Vixen Circle

City: Pinedale

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Three children present. Facility is very clean and organized. Technical assistance offered for the playground area.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____