

FACILITY VISIT

Facility Name: Denise Phillips

Date: 08/15/2018

Time: 9:45

Provider: _____

Certificate #: 002087

Phone: 307-272-0478

Address: 552 Ave G

City: Powell

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

1- 1YO, 1-3YO, 1-6YO, 1-8YO, 1-9YO : 1 staff. Denise was transporting a child from summer CRC therapy. No observed violations.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____