

FACILITY VISIT

Facility Name: Excel Academy Private School

Date: 12/27/2018

Time: 09:00

Provider: _____

Certificate #: 002260

Phone: 307-237-3963

Address: 500 S. Jefferson

City: Casper

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Initial inspection for move to a new facility. Fence is needed for outdoor play space.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____