

FACILITY VISIT

Facility Name: BUFFALO CHILDREN'S CENTER, INC

Date: 03/31/2022

Time: 09:39

Provider: _____

Certificate #: 002541

Phone: 307-684-5802

Address: 151 S. KLONDIKE

City: Buffalo

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Follow-up visit. Discussed discipline plans and rule changes for policy requirements. Ratios compliant at the time of the visit. No compliance due.

Childcare Licensor:



Date: 03/31/2022

Director/Provider:



Date: 03/31/2022