FACILITY VISIT

Facility Name: <u>BUFFALO CHILDREN'S CENTER, INC</u> Date: <u>04/13/2022</u> Time: <u>02:27</u>

Provider: _____ Phone: <u>307-684-5802</u>

Address: 151 S. KLONDIKE City: Buffalo

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

6:2 infants, 7:2 lyrs, 8:1 2yrs, 13:2 3/4yrs, 11:2 4/5yrs at the time of the visit. Discussed illness/exclusion from care with staff.

Childcare Licensor:

Date: <u>04/13/2022</u>

Dicrector/Providor:

Date: <u>04/13/2022</u>