FACILITY VISIT

Facility Name: Little Learners Academy | Date: 04/16/2018 | Time: 03:30

Provider: _____ | Certificate #: 001354 | Phone: 307-733-0789

Address: 520 E Broadway | City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Licenser completed visit of the facility. Artificial turf in play yard was in good condition with no rips, tears or holes. Play equipment was in good condition. Awake children were outside playing. Nappers were just waking up. Excellent supervision. One sick child was evaluated for fever, kept in a separate area, and parents were contacted to come pick up the child. No violations were noted at the time of inspection.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____