

FACILITY VISIT

Facility Name: Leonhardt DayCARE

Date: 07/02/2018

Time: 9:30

Provider: _____

Certificate #: 002072

Phone: 307-548-6854

Address: 352 West Main St.

City: Lovell

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

No infants. 10 children: 1 staff ratios are compliant. Outdoor sprinkler play for birthday today. Discussed a variance request for incoming one year olds that would put Jennifer over ratio. Jennifer will send a detailed email to licensing describing the need and will submit a variance request.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____