

FACILITY VISIT

Facility Name: Leonhardt DayCARE

Date: 07/09/2020

Time: 10:30

Provider: _____

Certificate #: 002072

Phone: 307-548-6854

Address: 352 West Main St.

City: Lovell

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

1-1YO, 3-2YO, 3-3YO, 2-5YO= 9 children: 1 staff. Jennifer is only staff. M-Th 7:30-5 F as needed. COVID screening at door. Observed outdoor play area.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____