FACILITY VISIT

Facility Name: NEIGHBORHOOD CHILD LEARNING CENTER Date: 06/19/2020 Time: 01:19

Provider: _____ Certificate #: <u>001659</u> Phone: <u>307-265-5578</u>

Address: 3036 E. 8TH ST. City: Casper

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Visit completed with checklist and staff record with Lisa. Whitney (1) infant (2) 2's (2) 3 and up Kristan (9) 4 and up Discussed health orders for masks and field trips. Please call health regarding questions.

Dicrector/Providor:

Date: 06/19/2020

Childcare Licensor:

Date: <u>06/19/2020</u>