

FACILITY VISIT

Facility Name: IMMANUEL LUTHERAN PRESCHOOL

Date: 09/22/2022

Time: 10:00

Provider: _____

Certificate #: 001574

Phone: 307-899-2310

Address: 675 Avenue D

City: Powell

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit completed. Playground inspected. Discussed addition of new play structure.

Childcare Licensor:



Date: 09/22/2022

Director/Provider:



Date: 09/22/2022