

FACILITY VISIT

Facility Name: CHILDREN'S RESOURCE CENTER LOVELL

Date: 09/21/2020

Time: 10:37

Provider: _____

Certificate #: 001666

Phone: 307-548-6722

Address: 435 E. 5TH.

City: Lovell

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

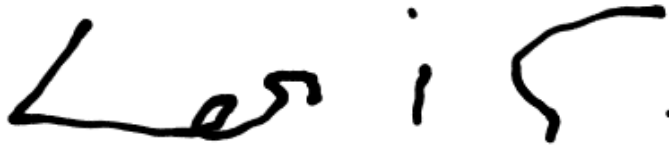
Follow up visit from renewal inspection. Checked child files. Observed check in/out health screening process. 10-3/4/5YO: 4 staff. Outdoor space inspected. Full certificate will be issued and mailed.

Director/Provider:



Date: 09/21/2020

Childcare Licensor:



Date: 09/21/2020