State of Wyoming Department of Family Services

FACILITY VISIT

Facility Name: <u>LUANN BORDERS</u>

Date: <u>06/30/2020</u>

Time: <u>10:47</u>

Provider: _____

Certificate #: <u>001919</u>

Phone: <u>307-254-2322</u>

Address: 136 SOUTH ABSAROKA

City: Powell

Facility Type: XFCCH ___ FCCC ___ CCC

Comments/TA Provided:

1-infant, 1-2YO, 1-3YO, 1-4YO: 1 staff. Observed free play. Picked up W-9 and will email to STARS for Luann. TA- infant

sleep.

Dicrector/Providor:

Date: <u>06/30/2020</u>

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Childcare Licensor: