

FACILITY VISIT

Facility Name: LEARNING JUNCTION

Date: 11/10/2020

Time: 10:22

Provider: _____

Certificate #: 002339

Phone: 307-237-6870

Address: 1709 BOXELDER AVENUE

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

5-1's w/Amanda. 10-2's w/ Madison, Aracely. 3-infants w/Melinda 11- 4 and up w/ Bailey. 11-3 and up w/Diann and Aubrey.
Reviewed staff qualifications for three new staff. See staff record.

Director/Provider:



Date: 11/10/2020

Childcare Licensors:



Date: 11/10/2020