

Child Care Encounter

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District	Date D - D C
Name MID MUNN	WWW Cicense No.
Address Scher (Ora	ganization/Individual
Purpose POC FOLLOW (1)	Director Dillican
Mileage Start	Mileage End
County 1 W CO	Telephone No. 100 - 303 - 1094
Time In Time Out	Total Time
Findings/Comments \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	March Steathonic, Inspect
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Man Chours for con	ACTIONAL COLOR MOTOR
Cold College	
	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual Child Care	e Representative