

histrict 4	Child Care Encounter		4-27-22 Date
	nesis AS	License No	#4932
	WAY ST, Veror	na	
Follow up	Center/0	Organization/Individual Director Thelm	a Nash
ileage Start		Mileage End	
DuntyLee		Telephone No	
me In	Time Out	Total T	ime
ndings/Comments			
Firs	t Aid, CPR, menus	s , fire form #333 and co	ontact hours received,
10			
		Mary Hampton	White Copy - Facility File Yellow Copy - Operator
enter Director/Designee/Indi	ividual Child	Care Representative	Yellow Copy - Operator