FACILITY VISIT

Date: <u>12/10/2020</u>	Time: <u>01:00</u>
Certificate #: <u>001436</u>	Phone: <u>307-632-3339</u>
City: Cheyenne	
	Certificate #: <u>001436</u>

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Unannounced visit completed on this date virtually via zoom. Reviewed staff records, one violation given for central registries. Licenser will follow up with request for TB risk assessments and CPR/Fa. Ratios in compliance- 1:5 (4-5s), 1:7 (1-2s, 6-3s), 2:16 (4-5s), 1:10 (all 2s - all sleeping), 2:6 (1s), 1:3 (1s), 2:5 (Is), 2:6(Is), 2:13 (3s). No hazards observed, facility is clean and masks were being worn.

Dicrector/Providor:

Mucher

Date: <u>12/10/2020</u>

Childcare Licensor:

Date: <u>12/10/2020</u>