

FACILITY VISIT

Facility Name: KIDDIE KOLLEGE

Date: 10/20/2020

Time: 01:15

Provider: _____

Certificate #: 001505

Phone: 307-634-2797

Address: 4141 Laramie St.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Checking the security system and following up on the previous concern of a child not staying with the group. The closers report to Stacy Cloud that they have completed the door and window closings. The morning openers check the doors and windows and ensure that the alarms are working. No further monitoring is necessary.

Director/Provider:



Date: 10/20/2020

Childcare Licensors:



Date: 10/20/2020