FACILITY VISIT

Facility Name: Helping Hands Date: 12/10/2020 Time: 03:30

Provider: _____ Provider: ____ Phone: <u>307-286-8349</u>

Address: <u>742 Hirst St</u> City: <u>Cheyenne</u>

Facility Type: XFCCH ___ FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed on this date via zoom. Ratios were in compliance at the time of the visit (1:1). Facility looks great, so many great spaces for children in care to play, move around and they have lots of different engaging activities. No hazards observed. Discussed COVID related funding and Licenser will send that contact information via text message. Discussed sanitation inspections and what to do if public health is not completing these inspections before provisional license expires.

Dicrector/Providor:

Myrchan

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

Childcare Licensor: Date: 12/10/2020