

FACILITY VISIT

Facility Name: B.E.A.S.T. Foundation

Date: 05/19/2021

Time: 04:30

Provider: _____

Certificate #: 016871

Phone: 307-631-6320

Address: 2900 Sunflower

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date in person. Ratios in compliance (1:5, 1:6, 1:9 - all school age). Very cool escape rooms being designed by two groups, other group was headed to the park. No hazards or violations observed. Reviewed all staff records, nothing new or expiring. Discussed volunteers in the facility and explained they can not be unsupervised with child care children. Explained sanitation self inspection and let John know to watch for that email in June. Summer hours will be 8-2 Monday-Friday, except fourth of July and frontier week (6/14-8/2), will re-open 8/23.

Director/Provider:



Date: 05/19/2021

Childcare Licensor:



Date: 05/19/2021