FACILITY VISIT

Facility Name: <u>Little Beans Playhouse LLC</u> Date: <u>07/14/2022</u> Time: <u>10:30</u>

Provider: _____ Phone: <u>307-514-1300</u>

Address: <u>4620 Grandview Avenue</u> City: <u>Cheyenne</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Compliance monitoring visit completed on this date. Ratios and supervision checked. Supervision in every room is dramatically improved. Discussed the changes made to the safety plan last week and this is going well. Discussed extending this to the morning drop off shift - licenser approved the morning shift 6am - 9am to extend this supervision plan (1 staff member who has been here for over 6 months may be alone with up to 4 children of any age in one room. All other supervision, ratio, and attendance record requirements must be met). Looks really great in the facility, everything was clean and everything was going well.

Childcare Licensor:

Date: <u>07/14/2022</u>

Dicrector/Providor:

Date: 07/14/2022