FACILITY VISIT

Facility Name: Maria's Daycare

Provider: ____

Address: 203 E. Jefferson Road

Date: <u>06/23/2021</u> Certificate #: <u>016941</u> City: <u>Cheyenne</u> Time: <u>10:45</u> Phone: <u>307-287-9163</u>

Facility Type: ____ FCCH X_FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit completed on this date. 2:13 (I, 3, 3, 7, 5, 10, 9, 1, 2, 1, 2) - ratios in compliance. Discussed central Registry - expires today, send via email by the end of the day and license will request an expedite. For staff Angela, results on file are expired however, Maria believes these have been run and she has results at her house. Licenser explained that I need to see the results by the end of the day (06/23/2021) or we will need to do a variance request today, licenser will send variance form and central registry form when back in the office this afternoon.

