Provider:

Address: 203 E. Jefferson Road

Facility Type: ____ FCCH X FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed on this date. Ratios 1:2, 2, 3, 5, 4, 4, 3, 2 - in compliance, no hazards or violations observed.

FACILITY VISIT

Date: 01/13/2022

City: Cheyenne

Certificate #: 016941

Dicrector/Providor:

Date: 01/13/2022 cr1 Date: 01/13/2022

Time: <u>08:30</u> Phone: <u>307-287-9163</u>