FACILITY VISIT

Facility Name: <u>Katie's Kiddie A-cat-emy</u>	Date: <u>02/04/2021</u>	Time: <u>12:30</u>
Provider:	Certificate #: <u>017033</u>	Phone: <u>307-222-8407</u>
Address: 2115 Morrie Ave	City: Cheyenne	

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date via Facetime. Ratios in compliance at the time of visit 2:7 (1, 2, 2, 2, 3, 3, 4). Katie informed licenser that she will be taken a leave in Mid-may, discussed Assistant Director requirements and knowledge needed in Katie's absence. Reviewed staff records and all are in compliance. Facility looks great, no hazards observed.

Dicrector/Providor:

Mukin

Date: 02/04/2021

Childcare Licensor:

Date: 02/04/2021