FACILITY VISIT

Facility Name: <u>Katie's Kiddie A-cat-emy</u>	Date: <u>12/10/2021</u>	Time: <u>12:00</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. 1 violation given for out of state background checks. Ratios in compliance at the time of visit. No other hazards or violations observed. Discussed out of state CRs and how to obtain them and to complete variance requests.

Childcare Licensor:

Date: <u>12/10/2021</u>

Dicrector/Providor:



Date: <u>12/10/2021</u>