FACILITY VISIT

Facility Name: Little Bear Childcare

Provider: ____

Address: 1771 Snowy Range Road

Date: <u>04/02/2021</u> Certificate #: <u>017056</u> City: <u>Laramie</u> Time: <u>10:45</u> Phone: <u>307-761-4802</u>

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Unannounced visit completed on this date. Facility looks great, no hazards observed. Ratios in compliance (1:2 infants, 1:3 1 year, 1:7 2 year olds, 2:8 3-4 year olds). Reviewed all staff records, everything is in compliance and records look really good. Discussed masks and COVID requirements that are currently in effect. Discussed ratios with school age kids in the afternoon.

Dicrector/Providor:

Date: 04/02/2021

Childcare Licensor:

Date: 04/02/2021