

FACILITY VISIT

Facility Name: Firehouse Kids LLC

Date: 09/14/2021

Time: 08:28

Provider: _____

Certificate #: 017100

Phone: 307-514-1128

Address: 522 Van Lennen Ave.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Provided the CCL-301 to Felicia. Interviewed and viewed reports. Felicia is scanning the documentation to licenser. She has followed her suspension policy and continues the steps. Felicia agreed that Penny Hotovek may be a resource and she is willing to talk to her. Licenser will send Penny's phone number to her and also email her.

Childcare Licenser:



Date: 09/14/2021

Director/Provider:



Date: 09/14/2021