

FACILITY VISIT

Facility Name: DEBBIE PERSON

Date: 03/29/2021

Time: 09:30

Provider: _____

Certificate #: 001819

Phone: 307-635-0631

Address: 2102 S. 4TH AVE.

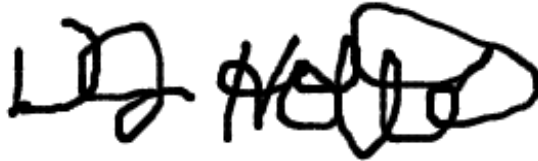
City: Cheyenne

Facility Type: FCCH FCCC CCC

Comments/TA Provided:

Completed via zoom. Debbie had 3 children in care ages 6,8, and 2 yrs old. She is low on numbers this week due to spring break. Debbie did complete her FA/CPR on 3/26/2021 and will be sending the certificate when she receives it. Debbie will do fire in the summare and health is current due to the self assessment. Thank you Debbie for your patience and cooperation. Your home appears to be safe and stimulating for the children.

Director/Provider:



Date: 03/29/2021

Childcare Licensor:

Date: 03/29/2021