

FACILITY VISIT

Facility Name: DEBBIE PERSON

Date: 06/09/2021

Time: 09:13

Provider: \_\_\_\_\_

Certificate #: 001819

Phone: 307-635-0631

Address: 2102 S. 4TH AVE.

City: Cheyenne

Facility Type:  FCCH  FCCC  CCC

Comments/TA Provided:

Health inspection which was delayed. Corrected bleach water on site. Needs new freezer thermometer and is installing a new mixer for the hand sink as the temp was 122 degrees. Will recheck on the renewal visit. 4 children present. 2,4,6 and an 11 yr olds. A two year old should be coming.

Director/Provider:



Date: 06/09/2021

Childcare Licensor:



Date: 06/09/2021