FACILITY VISIT

Facility Name: Susan's Zoo

Date: <u>09/27/2022</u>

Time: 11:36

Provider: _____

Certificate #: <u>001986</u>

Phone: <u>307-637-3011</u>

Address: 5340 Jenny Lake

City: Cheyenne

Facility Type: XFCCH ___ FCCC ___ CCC

Comments/TA Provided:

Facility visit completed on this date. No transportation. Outdoor play area inspected. 1 pet in home, current on vaccinations.

Childcare Licensor:

Date: <u>09/27/2022</u>

Dicrector/Providor:

Date: <u>09/27/2022</u>