FACILITY VISIT

Facility Name: <u>Roberta's Little Angels</u>

Provider: ____

Address: 5408 Independence Dr.

Date: <u>05/20/2021</u> Certificate #: <u>002018</u> City: <u>Cheyenne</u> Time: <u>11:25</u> Phone: <u>307-640-0958</u>

Facility Type: ____ FCCH X_FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed on this date. Reviewed staff summary, gave reminder about Selina's fingerprints expiring in July. Licenser will send fingerprint packet to Roberta as soon as I am back in the office. Ratios in compliance (2:12 - 5, 5, 4, 4, 3, 3, 3, 2, 2, I, I, I). Backyard looks great, lots of rubber mulch for the equipment and tons of fun activities and ton.

Dicrector/Providor:

Date: 05/20/2021

Childcare Licensor:



Date: 05/20/2021