Date: <u>05/24/2022</u>

FACILITY VISIT

Facility Name: <u>Foundations Learning Academy</u> Date: <u>05/24/2022</u> Time: <u>01:50</u>	Facility Name:	Foundations Learning Academy	Date: <u>05/24/2022</u>	Time: <u>01:50</u>
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Provider: _____ Phone: <u>307-426-4058</u>

Address: 2110 Grasslands Pkwy City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Send physician's statement and resume regarding Chantel. Ratios were all in compliance. 11 4&5 yr olds with 1, 6-3 yr olds with 1 staff, 5-3 yr olds with 1 staff, 10 4&5 yr olds with 1 staff, 8-2 yr olds with 1 staff, 5 4 and 1 yr olds, 1-2 yr old with 1 yr olds. Need physician's statement and resume for director certifications. Reviewed ratios for summer. Send a copy of previous variance.

Childcare Licensor:

DO HOTO

Dicrector/Providor: Date: 05/24/2022