

FACILITY VISIT

Facility Name: Little Monkeys

Date: 09/10/2024

Time: 07:45

Provider: _____

Certificate #: 016956

Phone: 307-640-5030

Address: 3238 Sheridan Street

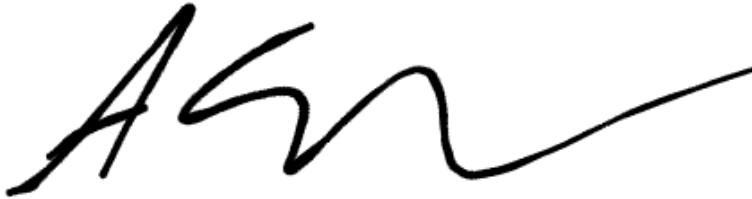
City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Staff:child ratios and supervision were observed there was one staff with one one year old and 5 two year olds, and 2 staff with 23 children aged 3 and older. Facility was viewed and discussed staff qualifications and cleaning routines with director. Director will send attendance and staff records to the licenser for review.

Childcare Licensor:



Date: 09/10/2024

Director/Provider:



Date: 09/10/2024