

FACILITY VISIT

Facility Name: Little Monkeys

Date: 09/26/2024

Time: 01:30

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. Discussed attendance records and staff signing in and out of classrooms and director availability at the facility. Director will send timecards to licenser for verification by the end of the day. TA-provided for proper sanitizing techniques around the facility. Staff:Child ratios and supervision were observed there was one staff with 8 4 year olds, one staff with 7 children aged 2 and 3 years old, and one staff with 7 one and two year olds.

Childcare Licenser:



Date: 09/26/2024

Director/Providor:



Date: 09/26/2024