

FACILITY VISIT

Facility Name: First Steps Childcare and Pre-school

Date: 03/07/2024

Time: 08:45

Provider: _____

Certificate #: 017507

Phone: 307-778-7860

Address: 5801 Osage Ave. Unit A

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Staff:child ratios and supervision were observed. Attendance records checked and copies received. Discussed routines and policies with staff and director and new building changes coming soon as well as digital record options.

Childcare Licensor:



Date: 03/07/2024

Director/Provider:



Date: 03/07/2024