

FACILITY VISIT

Facility Name: Lighthouse Learning Center

Date: 09/26/2024

Time: 02:55

Provider: _____

Certificate #: 017560

Phone: 307-369-2308

Address: 107 E 8th Avenue

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Extra visit to the facility to check child records with the director. Also reviewed the recent variance for new staff that was approved this day.

Childcare Licensor:



Date: 09/26/2024

Director/Provider:



Date: 09/26/2024