

FACILITY VISIT

Facility Name: Lighthouse Learning Center

Date: 06/25/2025

Time: 10:45

Provider: _____

Certificate #: 017560

Phone: 307-369-2000

Address: 107 E 8th Avenue

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC CCC

Comments/TA Provided:

Visit made to talk with Staff, and review attendance records. 1 staff with 12 children in the preschool room. The children were having a movie time when the Licensor arrived. 1 staff with 8 children in the toddler room.

Childcare Licensor:

Date: 06/25/2025

Director/Provider:

Date: 06/25/2025