

FACILITY VISIT

Facility Name: Lighthouse Learning Center

Date: 01/27/2026

Time: 01:50

Provider: _____

Certificate #: 017560

Phone: 307-369-2000

Address: 107 E 8th Avenue

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Monitoring visit done this day. One staff with 4 children in the front room, 2 infants and 2 one year olds. One staff with 7 children in the small room. Delivered to Miranda this day an updated prescriptive action plan.

Childcare Licensor:

Date: 01/27/2026

Dicrector/Providor:

Date: 01/27/2026