

FACILITY VISIT

Facility Name: Lighthouse Littles

Date: 06/09/2026

Time: 11:50

Provider: _____

Certificate #: 017560

Phone: 307-214-2873

Address: 107 E 8th Avenue

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this day, ratios in the room was checked 2:9 1- infant, 5-1 year old's, 2-3 year old's, Discussed director needs to be in their center 50% of the time. Discussed unqualified staff expectations, unqualified staff supervision. Discussed relaxed ratios and how those work, discussed if one child wakes up another staff member needs to be on site. Discussed that in the mornings they can combined with school age, due to enrollment being in place, they need to be signed into the Littles attendance and then signed out. Miranda or Danielle will send licenser a daily schedule of where Danielle is and at what times.

Childcare Licensor:



Date: 06/09/2026

Director/Provider:



Date: 06/09/2026