

FACILITY VISIT

Facility Name: Lighthouse Littles

Date: 09/26/2024

Time: 10:45

Provider: _____

Certificate #: 017635

Phone: 307-369-2000

Address: 103 East 8th Ave.

City: Cheyenne

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Visit made to deliver the facility license and verify corrections. Everything looks good. Three 1 year olds present with Marissa.

Childcare Licensor:



Date: 09/26/2024

Director/Provider:



Date: 09/26/2024