

FACILITY VISIT

Facility Name: Lighthouse Littles

Date: 10/17/2025

Time: 11:11

Provider: _____

Certificate #: 017635

Phone: 307-274-6983

Address: 103 East 8th Ave.

City: Cheyenne

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

6 children present with 2 staff when the licensers Geringer and Deyo arrived. 3-infants, 3- 1 year olds. One of the one year olds was just leaving with her mother. One of the infants was sleeping in the nap room. TA: Paper towels were added to the restroom during the visit. A new Dr.s note is needed for a 7 month old who is sleeping elevated and the current note is 5 months old. Please submit a change request form for the new Director at Lighthouse Littles within the next week.

Childcare Licensor:

Date: 10/17/2025

Director/Provider:

Date: 10/17/2025