

FACILITY VISIT

Facility Name: Lighthouse Littles

Date: 12/18/2025

Time: 03:10

Provider: _____

Certificate #: 017635

Phone: 307-274-6983

Address: 103 East 8th Ave.

City: Cheyenne

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Monitoring visit done this day. Four infants and 1-1 year old, present with one staff. The staff has current training and background checks. One infant was napping when the Licensor arrived, he was sleeping in a pack and play and had nothing in the bed with him. The infant was sleeping on his stomach, staff advised he does roll back and forth freely

Childcare Licensor:

Date: 12/18/2025

Director/Provider:

Date: 12/18/2025