

FACILITY VISIT

Facility Name: Little Light of Mine

Date: 01/28/2026

Time: 02:15

Provider: _____

Certificate #: 017648

Phone: 509-303-9935

Address: 2020 E 11th Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Facility and classrooms were viewed. Discussed attendance procedures with director. No infants were sleeping during the visit but discussed with the director infant safe sleep practices and supervision requirements with new staff. TA provided for ensuring that lysol and lysol wipes are not being used in the childcare facility only approved sanitizer solutions may be used, and TA provided for keeping maintenance closet inaccessible to children. New staff records checked during the visit. Staff:Child ratios and supervision were observed during the visit there was 1 staff with 10 kids aged 3 and 4 and 2 staff with 1 infant 4 one year olds and 6 two year olds.

Childcare Licensor:



Date: 01/28/2026

Director/Provider:



Date: 01/28/2026