

FACILITY VISIT

Facility Name: Promise Patch Incorporated

Date: 08/08/2024

Time: 01:00

Provider: _____

Certificate #: 002089

Phone: 307-638-6630

Address: 4510 Charles St.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Discussed nap time, cleaning schedules and routines, infant safe sleep, and guidance and discipline policies. Facility was viewed and inspected. Children were napping when licenser arrived. Staff:Child ratios and super vision were observed there were 7 infants with one staff member, 10 one year olds with 2 staff members, 9 three year olds with 1 staff member, 16 sleeping 4 year olds with 1 staff.

Childcare Licenser:



Date: 08/08/2024

Director/Providor:



Date: 08/08/2024