

FACILITY VISIT

Facility Name: Silly Bear Academy, LLC

Date: 12/16/2019

Time: 12:50

Provider: _____

Certificate #: 002195

Phone: 307-369-1221

Address: 117 W. 5th

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

CR is due in January. FP is current. CPR/FA are current and TB is current. Health and fire are current. 8 infants with 3; 5(2-3 yr olds) with 1; 19 (3-4's) with 2; 12 (1-2 yr olds with 2) Rest time Like your new room 27.25x18.5=504/35=14--new room Need change request with fire, building final New staff---Whitney Null ---up to date.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____