

FACILITY VISIT

Facility Name: Silly Bear Academy, LLC

Date: 06/01/2020

Time: 10:58

Provider: _____

Certificate #: 002195

Phone: 307-369-1221

Address: 117 W. 5th

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This visit is to monitor the use of equipment per manufacturer instructions specific to teethers. Observed 4 mo old with teether secured to wrist appropriately.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____