

FACILITY VISIT

Facility Name: Silly Bear Academy, LLC

Date: 09/10/2020

Time: 10:23

Provider: _____

Certificate #: 002195

Phone: 307-369-1221

Address: 117 W. 5th

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Provided the CCL-300 re:CPL-4983. Jen not present. Provided to Assistant Director Libby Young.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____