

FACILITY VISIT

Facility Name: Smiles 4 Miles

Date: 04/03/2018

Time: 01:00

Provider: _____

Certificate #: 002318

Phone: 307-399-2372

Address: 3201 E. Pershing Blvd. Suite B

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Health crrent due 1/2/2019 Fire is current due 7/2018 FA/CPR current Staff records must be at the facility. 9-3-5 yr olds with 1 staff 9-1-3 yr olds (2-1 yr olds, 6-2 yr olds, 1-3 yr old) with 2 Reviewed ratios Clean in here. No questions. Will return to review staff records. (see page 4-13)

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____