

FACILITY VISIT

Facility Name: Smiles 4 Miles

Date: 01/18/2019

Time: 01:20

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:

FA/CPR is current. Health current Fire current Suggested little centers on Toddler side. Toddler side: 8 with 1 staff. 1-1 yr old, 6-2 yr olds, 1-3 yr olds Naptime 2nd person at lunch 11 with 2 staff. 5-3 yr olds and 6-4 and 5 yr olds. No changes to the fence. Open 6:30 am to 6 pm. 57.5 total hours. Emailing staff with schedule. Paulina is typically present with exception of 1 day. Please send a copy of the fire drills. Anna states that they are done TA: regarding ratios Attendance was in each room for each group. Monitoring and regular unannounced. No new employees.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____