State of Wyoming Department of Family Services

## FACILITY VISIT

Facility Name: Smiles 4 Miles	Date: $05/01/2020$	Time: $02:15$
Provider:	Certificate #: <u>002318</u>	Phone: <u>307-399-2372</u>
Address: <u>3201 E. Pershing Blvd. Suite B</u>	City: Cheyenne	
Facility Type: FCCH FCCC X_CCC		
Comments/TA Provided:		
Provided CCL-301. 2 staff with 11 children age Please contact health for guidance. Reviewed stall children and were missing the facility oriental present. Cited violation. Called supervisor for adwho is choosing to send children home prior to a	ff records. Director was unava- tion and the preservice orienta- vice as to whether we send ch	ailable. 2 staff were caring for tion. No other staff were
Director/Provider:	Date:	
Childcare Licensor:	Date:	