

FACILITY VISIT

Facility Name: Mountain Climbers Children's Center

Date: 09/10/2020

Time: 10:40

Provider: _____

Certificate #: 017049

Phone: 307-763-0498

Address: 1738 Kroe

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

At the time of the visit, 5 preschool kids were outside with Chele. Angel came to take over the class. Clara and Sheila were with the infant/toddler group with 3 infants, 5-1yr olds. Sheila and Clara left while the licenser was present. 1yr old, 4yr old, and 1 infant left at time of visit. We discussed mixed ratio chart.

Director/Provider:



Date: 09/10/2020

Childcare Licenser:



Date: 09/10/2020