

FACILITY VISIT

Facility Name: KIDS WORKS

Date: 09/06/2022

Time: 03:00

Provider: _____

Certificate #: 002312

Phone: 307-234-4386

Address: 2500 CY Ave.

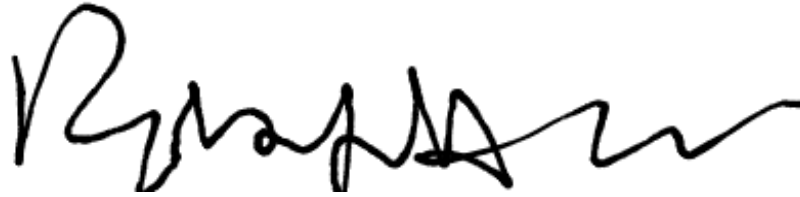
City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit conducted on this day. Indoor and outdoor walkthrough of the facility. Discussed new licensing rules. Discussed grant money. Ratios: 2's room: 10-2yo with Delaney and Melissa 3's room: 6-3yo with Contessa Pre-K: 5-4yo's with Contessa 8-4yo's with Alexis Baby room 1: 6-18 months old with Connie, Emily and Nelli Under 1's room: 4- under one with Brianna

Childcare Licensor:



Date: 09/06/2022

Dicrector/Provider:



Date: 09/06/2022