FACILITY VISIT

City: Afton

Date: <u>09/07/2021</u>

Facility Name: Adventure Kids

Provider: _____

Address: 799 County Road 137

Certificate #: <u>002430</u>

Time: <u>09:30</u> Phone: <u>307-389-0388</u>

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Unannounced visit. Attendance record was checked and verified with children present in each group. GROUP 3 (INFANTS): (1) staff, (4) children. Ages: (4) infants. This group is staff/child ratio compliant and well supervised. Children are participating in free play. (1) infant is sleeping and infant sleep is compliant. GROUP 4: (1) staff, (5) children. (5) age 1. This group is staff/child ratio compliant and well supervised. Children are participating in free play. GROUP 2: (2) staff, (8) children. Ages: (1) infant, (3) age 2, (4) age 3. This group is staff/child ratio compliant and well supervised. Children are participating in free play. GROUP 1: (1) staff, (9) children. Ages: (2) age 2, (3) age 3, (4) age 4. This group is staff/child ratio compliant and well supervised. Children are participating in gross motor play. Staff records were checked prior to visit and verified at visit. All requirements are current and compliant for Director and staff. (3) new staff have been hired since last visit. New staff requirements are compliant and training requirements are compliant. We discussed upcoming expiring items. CCL-205 updated at visit. No violations observed.

Childcare Licensor:

Date: 09/07/2021

Dicrector/Providor:

Date: 09/07/2021