

FACILITY VISIT

Facility Name: Adventure Kids

Date: 09/27/2022

Time: 01:15

Provider: _____

Certificate #: 002430

Phone: 307-389-0388

Address: 799 County Road 137

City: Afton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

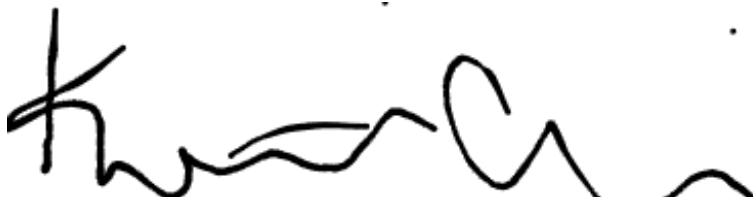
Unannounced visit. Attendance record checked and verified with children present. 2/3's GROUP: (1) staff, (5) children, Ages: (1) infant, (3) age 2, (1) age 3. Children are napping. 3/5's GROUP: (1) staff, (8) children, Ages, (5) age 3, (2) age 4, (1) age 5. Children are napping or playing quietly. BABY GROUP: (1) staff, (5) children present. Ages: (5) age 1. Children are napping. Staff:child ratio and supervision checked. Staff records reviewed prior to visit and checked during visit. (1) new staff has been hired since last visit, records checked. We discussed all upcoming expiring items, staff requirements, director contact information and direct supervision. Director emailed a current CCL-205 during the visit. Facility hours were updated. (1) TA given for who can provide direct care to children in the facility.

Childcare Licensors:



Date: 09/27/2022

Director/Provider:



Date: 09/27/2022