FACILITY VISIT

Facility Name: Children's Learning Foundation Date: 10/06/2021 Time: 11:22

Provider: Certificate #: <u>002443</u> Phone: <u>(307) 782-7040</u>

Address: 1021 HWY 414 City: Mountain View

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Ratios and Supervision were compliant. The 4 & 5-year-olds had 10 children with 1 staff. This group was dancing to music. The 3-year-olds had 8 children with 1 staff. This group was acting dancing to the monster song. The 1 & 2-year-olds had 5 children with 2 staff. This group was washing hands for lunch and had just come in from outside playtime. The infants had 3 children with 1 staff. One infant was sleeping and the other two were having lunch. The facility was compliant at the time of the visit.

Childcare Licensor:

Date: 10/06/2021

Dicrector/Providor:

Date: $\frac{10/06/2021}{1}$