

FACILITY VISIT

Facility Name: Miss Ashlee's Childcare

Date: 09/29/2022

Time: 02:30

Provider: _____

Certificate #: 002447

Phone: 307-233-4057

Address: 1536 S. Oakcrest

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit conducted on this day. Indoor and outdoor walkthrough completed. Spoke with staff regarding supervision. Reviewed staff record all information current and on file. Discussed new licensing requirements. Will deliver new licensing rule book. Requested updated policy handbook with new rules and new staff record. Ratios: 1's room: 9-1yo with Sierra and Gabriella 1's room2: 5-1yo with Isabella Infant room: 3 infants with Taylor Infant room2: 7 infants with Stephanie and Bailey Infant room3: 6 infants with Lizz and Destiny 2's room: 11-2yo's with Conner and Grace 2's room2: 15-2yo with Nicole, Shayenne and Nicole 3's room: 16-3yo with Melissa and Hailee 3's room2: 17-3yo's with Kyla and Anabella Pre-K room: 7 with Damien Pre-K2: 11 with Selia

Childcare Licensor:



Date: 09/29/2022

Director/Provider:



Date: 09/29/2022