

FACILITY VISIT

Facility Name: Alphabet Academy II, LLC

Date: 09/06/2024

Time: 09:30

Provider: _____

Certificate #: 014858

Phone: 307-245-9206

Address: 309 Main St.

City: Pine Bluffs

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date. Facility was viewed, staff records were checked during the visit. Staff:child ratios were observed during the visit. There was one staff with 3 infants and two one year olds, one staff with 4 one year olds, 5 2 year olds, and 1 three year old, and one staff with 9 three and four year olds.

Childcare Licensor:



Date: 09/06/2024

Director/Provider:



Date: 09/06/2024