

FACILITY VISIT

Facility Name: Stephanie Fountain's Child Care

Date: 02/15/2024

Time: 10:56

Provider: _____

Certificate #: 017135

Phone: 307-267-1703

Address: 4725 W. Yellowstone Hwy.

City: Mills

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit was completed on this date. Discussed staff/child ratios. There are 9 children (3 yr olds, 3 2 yr olds, 1 3 yr old, 2 4 yr olds,) with Amaya and Austin. A 1-year-old was moved from the infant room to this area. There are 9 children (2 1 yr olds, and 7 infants) with Taitlyn and Kassidee. There are 5 children (1 1 yr old, 3 1 2 yr old, and 3 3 yr olds) with Stephanie. Stephanie is preparing lunch. They have enrolled and are now working with the food program again. Received a copy of the new business license for 2025. Stephanie has two new staff in the works, she has a staff that walked out last week. Gave Stephanie the information regarding subsidy changes, and the local contact information for any questions with subsidy. Please call me with any questions. Thank you!

Childcare
Licensor:



Date: 02/15/2024

Director/Provider:



Date: 02/15/2024