

FACILITY VISIT

Facility Name: Kountry Kids Early Learning Academy, Inc.

Date: 09/20/2024

Time: 01:00

Provider: _____

Certificate #: 017176

Phone: 307-287-9987

Address: 3201 E. Pershing Blvd.

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date Staff:Child ratios and supervision were observed there was one staff with 9 children (one infant, 5 two year olds, and 4 three year olds) and one staff with six children (1 infant and 5 four year olds). Supervision during nap time was discussed, child records were checked, discussed infant safe sleep practices, and staff contact information was gathered. Director will send over staff and child attendance records by no later than Friday of next week.

Childcare Licensor:



Date: 09/20/2024

Director/Provider:



Date: 09/20/2024