

FACILITY VISIT

Facility Name: Koala Kids Daycare and Preschool

Date: 04/25/2025

Time: 12:27

Provider: _____

Certificate #: 017601

Phone: 307-240-1194

Address: 411 Lincoln St

City: Lander

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this date; Karen was not present and met with Amanda. Discussed lunch schedule and supervision, attendance and ratios, and infant rest/sleep. The children were at nap time at time of visit. There was one staff with four 3 year old's, three infants, two 5 year old's, two 4 year old's at time of visit.

Childcare Licensor:

Date: 04/25/2025

Director/Provider:

Date: 04/25/2025