

FACILITY VISIT

Facility Name: Mountain Ridge Akidemy

Date: 01/24/2024

Time: 10:26

Provider: _____

Certificate #: 002158

Phone: 307-439-2543

Address: 1520 Centennial Court

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit was completed on this date. Discussed staff qualifications, and staff/child ratios. Reviewed staff records and qualifications. One new staff all information is current and on file. I will email Bobbie the charts for staff/child ratios. Reminded Bobbie that she has a few staff that are coming due for central registry and sex offender in February and Denise's CPR/FA will expire in April. There are 10 children 3-5 with Rachelle (Denise) 6 infants with Sherry and Marissa 9 children with Hailey (3 1 yr olds, 2 3 yr olds, and 3 3 yr olds. - 2 children left while the licenser was at the facility. Gave Bobbie the subsidy changes and local contact information for the fiscal office. Please call me with any questions.

Childcare
Licensor:



Date: 01/24/2024

Director/Provider:



Date: 01/24/2024