

FACILITY VISIT

Facility Name: Smart Start Quality Child Care

Date: 12/13/2023

Time: 11:45

Provider: _____

Certificate #: 000916

Phone: 307-856-1120

Address: 1022 North 8th West

City: Riverton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

AT the initial time of the visit, director Maye Plush was not in the office. Note on the door directed licenser to the staff in the 4 year old room. Staff in the room was unsure of her designation as the assistant director , stated she was just answering phones. Licenser was directed to 2 year old room. Group was located in the great room. Ratio was 1:12 two year olds. Second staff was not in the room. Ratios checked in all classrooms.

Childcare Licenser:



Date: 12/13/2023

Director/Provider:



Date: 12/13/2023