

FACILITY VISIT

Facility Name: One Oak Activity Center/Cassidy's Care/Busy Bees Date: 08/25/2020 Time: 11:30
Preschool

Provider: _____

Certificate #: 017029 Phone: 307-431-0707

Address: 1115 Obie Sue Avenue

City: Worland

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit was conducted as follow up to video inspection. All areas observed and meet compliance. Full certification can be issued. Observed children and staff in toddler room and infant room. Ratios, infant room 1:4 intants Toddler 2:12 7:2yr old and 5 1:yr old.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____