

FACILITY VISIT

Facility Name: Mountain Ridge Akidemy

Date: 02/01/2019

Time: 11:00

Provider: _____

Certificate #: 002158

Phone: 307-439-2543

Address: 1520 Centennial Court

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Delivered CCL-301 7-3 and up w/Rochele 7-infants w/Sherry and Bobbie 13-toddlers w/Ashley and Amanda (4-1's 5-2's 3-3's) Reviewed boppy safety concerns. Bobbie has infant approved mats for sleep infants sleep on these or floor w/blanket. Licensing requires firm flat surface and at this time blankets are allowed on floor/mat.

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____