

FACILITY VISIT

Facility Name: Miss Ashlee's Childcare

Date: 08/26/2019

Time: 10:00

Provider: _____

Certificate #: 002447

Phone: 307-233-4057

Address: 1536 S. Oakcrest

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Playground approval visit. Tall slides all have use zone of 10 1/2 or more. Swing use zones front and back are greater than 14 ft. Surfacing is present. Back slide is 5 ft tall 9 ft use front leveling of slide. Playground is approved for use.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____