

FACILITY VISIT

Facility Name: Sweet Spirits Child Care LLC

Date: 07/29/2024

Time: 11:30

Provider: _____

Certificate #: 016905

Phone: 307-264-1667

Address: 211 E. Kelly Ave.

City: Jackson

Facility Type: ☒ FCCH ☐ FCCC ☐ CCC

Comments/TA Provided:

Unannounced Visit. Digital attendance record was checked and verified with children present. (2) staff, (8) children. Ages: (4) infants, (4) age 1. Staff/child ratio and supervision checked. Children and infants are eating lunch. Staff requirements were checked prior to visit. We discussed all upcoming expiring items and reviewed CCL-205. Owner provided a current CCL-205 prior to visit. (3) new staff have been hired since last visit, staff records verified prior to visit. (1) TA provided for staff member who completed a staff orientation but it is missing on the STARS training summary. (1) TA provided for staff member who exceeded (90) days in completing new hire training, Licenser reviewed child care licensing rules regarding new hire training requirements.

Childcare Licenser:



Date: 07/29/2024

Director/Provider:



Date: 07/29/2024