

FACILITY VISIT

Facility Name: Sweet Spirits Child Care LLC

Date: 10/29/2024

Time: 12:35

Provider: _____

Certificate #: 016905

Phone: 307-264-1667

Address: 211 E. Kelly Ave.

City: Jackson

Facility Type: ☒ FCCH ___ FCCC ___ CCC

Comments/TA Provided:

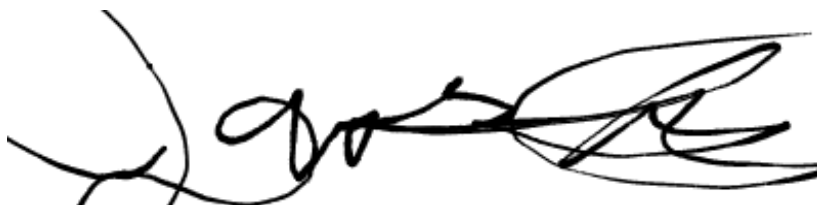
Unannounced Visit. Digital attendance record was checked and verified with children present. (2) staff, (6) children. Ages: (3) infants, (2) age 1, (1) age 2. Staff/child ratio and supervision checked. Children and infants are transitioning to nap time. Staff requirements were checked prior to visit. We discussed all upcoming expiring items and reviewed CCL-205. Director provided a current CCL-205 prior to visit. (2) new staff have been hired since last visit, staff records verified prior to visit. (1) staff member has an expired CPR/FA as of 9.30.24. She has completed the training and is waiting for certification card.

Childcare Licensors:



Date: 10/29/2024

Director/Provider:



Date: 10/29/2024