

FACILITY VISIT

Facility Name: Family-Tree House

Date: 01/15/2021

Time: 09:02

Provider: _____

Certificate #: 017042

Phone: 307-763-3500

Address: 501 Sioux

City: Sheridan

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

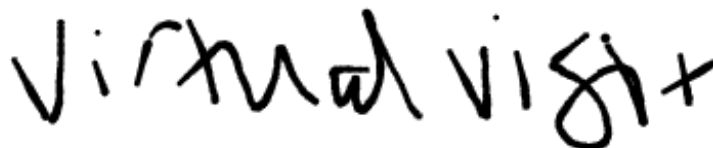
Virtual visit on this date. 10 kids with 2 staff at the time of the visit-1-1yr old, 5-2yr olds, 4-3yr olds. Becky walked through and showed licenser the house. It was clean and organized at the time of the visit. There was bleach spray in the bathroom with the changing station and in the kitchen. Bleach spray tested about 100ppm. Becky stated they are cleaning toys each night and washing bedding at least once per week along with lots of handwashing as COVID precautions. They do not have any infants enrolled at this time. Staff records were complete at the time of the visit. Becky had pet vaccinations, cleaning schedule/log, menu, emergency preparedness plan, fire drill record, and attendance sheet to share with licenser. The facility has not had to close for illness, yet. Becky stated there have been no changes to the program and will reach out if she has questions.

Director/Provider:



Date: 01/15/2021

Childcare Licenser:



Date: 01/15/2021