

FACILITY VISIT

Facility Name: Sunny Sprouts

Date: 09/28/2022

Time: 09:30

Provider: _____

Certificate #: 002165

Phone: 307-883-8690

Address: 95 C M R Lane

City: Etna

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

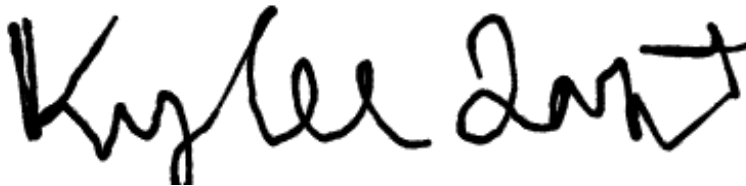
Unannounced visit. Attendance record checked and verified with children present. (1) staff, (10) children present. Ages: (1) infant, (4) age 2, (3) age 3, (2) age 4. Children are participating in free play. Staff:child ratio and supervision checked. No new staff have been hired since last visit. We discussed all upcoming expiring items, policy handbook and the availability of the staff summary at all times. Facility will email Licenser a current CCL-205. Hours of operation were confirmed to be correct. A policy handbook checklist was provided at visit.

Childcare Licensor:



Date: 09/28/2022

Director/Provider:



Date: 09/28/2022