

FACILITY VISIT

Facility Name: Sweet Peas LLC

Date: 11/01/2022 Time: 03:00

Provider: _____

Certificate #: 002168 Phone: 307-733-6580

Address: 1725 High School Road Suite 410, 420, 425 and 430

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced Visit. Attendance records checked in each classroom and verified with children present. SWEET PEAS CLASSROOM: (2) staff, (6) children. Ages: (5) infants, (1) age 1. (3) infants sleeping. BUMBLE BEES CLASSROOM: (2) staff, (8) children, Ages: (7) age 1, (1) age 1. Children are napping. CRICKETS CLASSROOM: (2) staff, (10) children, Ages: (6) age 2, (4) age 3. Children are napping. FIREFLIES CLASSROOM: (3) staff, (18) children. Ages: (8) age 3, (9) age 4, (1) age 5. (9) children are napping and (9) children are participating in free play. Staff/child ratio and supervision checked. Staff requirements were checked prior to visit and verified at visit. A current CCL-205 was previously provided to Licensor. (3) staff have been hired since last visit. Staff records verified. We discussed all upcoming expiring items. (1) TA provided for TB assessment for (1) staff not on file at facility. Facility hours were verified to be current.

Childcare Licensor:

Date: 11/01/2022

Director/Provider:

Date: 11/01/2022