

FACILITY VISIT

Facility Name: SUNSHINE CORNER

Date: 10/24/2023

Time: 09:55

Provider: _____

Certificate #: 001817

Phone: 307-266-5605

Address: 2303 EAST 15TH

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed this date. There are 7 children 3-5 with Jennifer. 3 infants with Jennifer K. Discussed infant sleep and swaddling and sleep sacks. There are 4 (1-2) with Nichole. There are 3 with Angela. Discussed the tumble bus and policy that shows they are not responsible for children when they are participating in the tumble bus or they need to have staff out there with the children. Discussed updating policy and parental consents. Reviewed staff records. All information is current and on file. Jennifer is trying to hire a new staff. Updated facility information. Scheduled facility inspection for 11/16/23 at 10:00. Discussed subsidy with Jennifer and discussed the new changes and gave the contact information for fiscal. Please call me with any questions. Thank you!

Childcare
Licensor:



Date: 10/24/2023

Director/Provider:



Date: 10/24/2023