

FACILITY VISIT

Facility Name: Kids Country Daycare

Date: 11/07/2017

Time: 10:50

Provider: _____

Certificate #: 001676

Phone: 307-752-0140

Address: 1095 Sugar View

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Delivered CCL-301. At time of visit, 1 infant, 4 1yr olds, 5 2yr olds, 4 3yr olds, 1 4yr old with 2 staff. Angie was running an errand and not at the facility when I arrived. She returned about half way through my interview with Kayla, assistant director. Tested bleach solution and inspected backyard.

Director/Provider: _____

Date: _____

Childcare Licensur: _____

Date: _____