

FACILITY VISIT

Facility Name: Kids Country Daycare

Date: 11/19/2019

Time: 01:40

Provider: _____

Certificate #: 001676

Phone: 307-752-0140

Address: 1095 Sugar View

City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Licenser returned to facility to review staff records because staff was preparing lunch earlier in the day when licenser was present. Licenser reviewed staff records for Kayla Williams, Bryanna Ripple, Jenna Leader, Caleb Morel, Nichole Nielson. Kayla Williams provided the files to licenser and stated the director, Angela, was on vacation and that she will be taking over as director soon. We discussed staff requirements, out of state central registry, first aid/cpr, pre-service training.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____