

FACILITY VISIT

Facility Name: SUNSHINE CORNER

Date: 06/09/2021

Time: 09:05

Provider: _____

Certificate #: 001817

Phone: 307-266-5605

Address: 2303 EAST 15TH

City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Required unannounced visit completed this date. Jennifer is not present spoke with assistant Angela. . There are 8 children present (2-3) with Angela. There are 4 children (1) with one staff Bethany. There is one child who has an amber necklace on. Reminded staff that it needed to be removed during nap time. She stated that they do remove it when the child is sleeping. There are 4 infants with Jennifer. There are 13 children (4-5) with 2 staff Rachel and Carlene. Theresa is at the facility making lunch. They have 2 new staff Rachel (Amber) Woodell and Carlene Cornett. Verified staff records all information, on file for both except for CPR/FA for Carlene. She is within her 90 days and is working with another staff. Reminded Angela that Central registry and sex offender need to be completed for Bethany and Michelle as they both expire in June. please call me with any questions. Thank you!

Director/Provider:



Date: 06/09/2021

Childcare Licensor:



Date: 06/09/2021