

FACILITY VISITFacility: Sweet Spirits Date: 5/20/19 Time: 10:15
10:15Provider: Jennifer Wolf Certificate #: _____ Phone: _____Address: _____ City: JacksonFacility Type: ☐ FCCH ☐ FCCC ☐ CCC

Comments/ TA Provided:

Investigative Visit
9:3 Main room
4:1 infantsJennifer will send report on bio-books from bright wheel
Will send me Dr. Note if Jennifer has itRule violation(s) and action needed:

A representative of the Department of Family Services has observed an alleged violation of Wyoming Child Care Licensing Rules or Certification Law. **This form serves as notice of observation of alleged non-compliance for the below-listed rules.** The Department requests your cooperation. In the absence of such cooperation, the Department may take whatever steps are necessary to assure the safety of children. The Department's information may be shared with authorized individuals or agencies, which include but are not limited to, the Attorney General, County Attorney, and law enforcement. A Notice of Non-Compliance (CCL-305) will follow to notify you of Licensing's findings. A corrective action plan and/ or additional verifications may need to be submitted.

Description of observation:	Chapter and section:	Action needed:

Provider/Director

Child Care Licenser

Date

Date