CCL-300
(02/19)

Max

STATE OF WYOMING
Department of Family Services

FACILITY VISIT

Facility: Sweet Spirits **Date:** 2/4/19 **Time:** 9:30

Provider: Jennifer Wolf **Certificate #:** _____ **Phone:** _____

Address: 211 E. Kelly **City:** Jackson

Facility Type: ☑ FCCH ☐ FCCC ☐ CCC

Comments/ TA Provided:

Preliminary Inspection this date.
Inside & outside measurments taken (see inspection report)
Inspection needs to be finalized before license can be issued.
Fire & Sanitation approval are needed
Zoning approval is needed as well (in writing)
City ↓

Will set up appointment for inspection once ready for use.

Jennifer L. Wolf
Provider/Director

2/4/19
Date

Child Care Licenser

2/4/19
Date