

FACILITY VISIT

Facility Name: Rocky Mountain Kids

Date: 06/10/2021

Time: 01:00

Provider: _____

Certificate #: 016965

Phone: 307-699-2122

Address: 35 E Simpson

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Investigation Visit for CPL-5101 & CPL-5105. CCL-301's were given to Owner. Owner, (1) staff and (3) children present. Ages: (2) infants, (1) age 1. The infants and child were napping. Infant sleep was found to be non-compliant. Licensor interviewed Owner during visit. Reviewed staff requirements for owner and staff. Discussed staff training requirements. (2) violations observed.

Director/Provider:



Date: 06/10/2021

Childcare Licensor:



Date: 06/10/2021