

FACILITY VISIT

Facility Name: Rocky Mountain Kids

Date: 08/03/2021

Time: 12:00

Provider: _____

Certificate #: 016965

Phone: 307-699-2122

Address: 35 E Simpson

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Compliance Monitoring Visit. (1) staff and (5) children present. Digital attendance record was checked and verified with children present. Ages: (4) age (1), (1) age 3. This group is staff/child ratio compliant. Children have finished lunch and are playing. (1) visiting therapist was present with the parents of one child in attendance. Discussed most recent staff person being added to STARS and training requirements that need to be completed by 9.1.21. Renewal inspection was scheduled. (1) violation observed for supervision.

Childcare Licensor:



Date: 08/03/2021

Director/Provider:



Date: 08/03/2021