

FACILITY VISIT

Facility Name: Rocky Mountain Kids

Date: 10/21/2021

Time: 11:30

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 (4) children present. Digital attendance record was checked and verified with children present. Ages: (3) age (1), (1) age 3. This group is staff/child ratio compliant. Children are eating lunch. Staff records checked prior to visit and verified at visit to be compliant at visit. No new staff have been hired since last visit. (0) violations observed.

Childcare Licensors:



Date: 10/21/2021

Director/Provider:



Date: 10/21/2021