

FACILITY VISIT

Facility Name: Rocky Mountain Kids

Date: 03/17/2021

Time: 10:05

Provider: _____

Certificate #: 016965

Phone: 307-699-2122

Address: 35 E Simpson

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

On 3.17.21 an unannounced visit was completed via FaceTime. Digital attendance record checked and verified with children present. (1) staff, (5) children present. Ages: (1) infant, (1) age 1, (3) age 3. The group was staff/child ratio compliant and well supervised. Children were having free play. Records checked prior to visit and verified to be compliant. We discussed current staff employed at the facility and subs needing staff orientation, pre-service and CPR/FA completed before working unsupervised. We discussed upcoming expiring items and training requirements for current license year. Sanitation inspection expires on 8.4.2021 and fire inspection expires on 7.17.21. Licensor sent Director an email with STARS information and link to online Childcare Licensing Rules. No violations observed.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____