FACILITY VISIT

Facility Name:	Right at Home Childcare	Date:	07/23/2020	Time:	10:15
J					

Provider: _____ Phone: <u>307-851-6484</u>

Address: 1419 E Fremont Avenue City: Riverton

Facility Type: X_FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Fence had been completed and meets requirements. Full license can be issued. Equipement present does not need resilient surface. No children present at time of visit.

Dicrector/Providor:

green to

Date: <u>07/23/2020</u>

Date: <u>07/23/2020</u>

Childcare Licensor: