

FACILITY VISIT

Facility Name: Adventure Kids

Date: 02/11/2021

Time: 03:00

Provider: _____

Certificate #: 002430

Phone: 307-389-0388

Address: 799 County Road 137

City: Afton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

On 2.11.21 a compliance monitoring visit was done via phone with permission from Licensing Supervisor RH. We discussed the variance that was recently approved for a temporary capacity increase, staff requirements for potential staff and new facility that will began construction in the spring. An in-person inspection will be done next month for the license renewal.

Dicrector/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____