CCL-300
04/19

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Sweet Spirits Child Care LLC Date: 10/02/2018 Time: 02:30

Provider: _____ Certificate #: 016905 Phone: 307-264-1667

Address: 211 E. Kelly Ave. City: Jackson

Facility Type: X FCCH ___ FCCC ___ CCC

Comments/TA Provided:

Investigation Visit. No violations noted at the time of the visit. 8 children present for nap time with 1 adult. Facility was clean and orderly.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____