CCL-300
04/20

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Rock-N-Tots | Date: 04/04/2018 | Time: 01:30

Provider: _____ | Certificate #: 002344 | Phone: 307-267-8724

Address: 4065 CY Avenue | City: Casper

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Out to do walkthrough for potentially moving into commercial location w/fire, health, licensing. Kitchen extinguisher, sprinklers need tightened so they are against wall. Will contact fire w/ commercial equipment. Discussed supervision of center. Drinking fountain will need to be fixed and ground faulted. Wall plate on north side dining area needs blanked out. Add caulking to metal wall. Will send staff qualification information to you. Will need to meet all requirements for health, Fire, Licensing, and building prior to opening. Please call me with any questions. Thank you!

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____