

FACILITY VISIT

Facility Name: Teton Literacy Center

Date: 09/29/2022

Time: 08:45

Provider: _____

Certificate #: 001553

Phone: 307-733-9242

Address: 1715 High School Road

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present. PRESCHOOL GROUP: (3) staff and special education therapist, (12) children present. Ages: (3) age 3, (9) age 4. Children are participating in circle time. Staff:child ratio and supervision checked. Staff records checked prior to visit and verified at visit. (1) staff has been hired since last visit. Staff records verified. We discussed all upcoming expiring items, policy handbook and facility hours were updated. Director provided a current CCL-205 at visit. TA provided for a needed variance for visiting therapists.

Childcare Licensors:

Date: 09/29/2022

Director/Provider:

Date: 09/29/2022