

FACILITY VISIT

Facility Name: Teton Literacy Center

Date: 12/15/2020

Time: 09:45

Provider: _____

Certificate #: 001553

Phone: 307-733-9242

Address: 1715 High School Road

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This is an unannounced visit conducted via FaceTime. Attendance records checked and verified with children in attendance. (2) staff, (9) children. Ages: (1) age 3, (8) age 4. This group is staff/child ratio compliant and well supervised. Children are participating in yoga and stretching. Staff records checked prior to visit and verified to be compliant for all staff. No new staff have been hired since last visit. No violations observed.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____