

FACILITY VISIT

Facility Name: JH Discovery Preschool

Date: 12/17/2020

Time: 12:10

Provider: _____

Certificate #: 001590

Phone: 307-733-7547

Address: 175 West Snow King #5

City: Jackson

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

On 12.17.20 an unannounced visit was completed via FaceTime. Attendance records checked and verified with children in attendance. (1) staff, (7) children present. The group was staff/child ratio compliant and well supervised. Children were eating lunch. Staff records checked prior to visit and verified to be compliant for all staff. No new staff have been hired since last visit. We discussed upcoming expiring items. No violations observed.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____