FACILITY VISIT

Date: <u>11/03/2022</u>	Time: <u>08:40</u>
Certificate #: <u>016934</u>	Phone: <u>307-699-0553</u>
City: <u>Jackson</u>	
	Certificate #: <u>016934</u>

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present. INFANT ROOM: (2) staff, (7) infants present. Infants are just being dropped off and starting daily routine. TODDLER GROUP: (2) staff, (8) children present. Ages: (6) age 1, (1) age 2, (1) age 3. Children are being dropped off and starting daily routine. Staff:child ratio and supervision checked. Staff records checked prior to visit. A current CCL-205 was previously provided to Licenser. (2) staff have been hired since last visit. Staff records verified. We discussed all upcoming expiring items and training for new staff. Director provided recent fire inspection report. Facility hours were verified to be current.

Childcare Licensor:

KDun

Date: <u>11/03/2022</u>

Dicrector/Providor:

Date: <u>11/03/2022</u>