

FACILITY VISIT

Facility Name: TCSD Cubs

Date: 11/18/2021

Time: 02:55

Provider: _____

Certificate #: 016970

Phone: 307-734-4408

Address: 245 E Deloney St

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Compliance Monitoring Visit. Attendance records checked and verified with children present. INFANT BUILDING: (2) staff, (4) children present. Ages: (2) infants, (2) age 1. This group is staff/child ratio compliant and well supervised. Children are napping and infant sleep is compliant. TODDLER BUILDING: (3) staff, (10) children present. Ages: (4) age 1, (4) age 2, (2) age 3. This group is staff/child ratio compliant and well supervised. Children are napping. Staff records checked prior to visit and verified to be compliant for all staff at visit. (2) new staff have been hired since last visit and staff requirements are compliant or an approved variance is in place. (0) violations observed.

Childcare Licensors:



Date: 11/18/2021

Director/Provider:



Date: 11/18/2021