

FACILITY VISIT

Facility Name: TCSD Cubs

Date: 01/11/2021

Time: 02:30

Provider: \_\_\_\_\_

Certificate #: 016970

Phone: 307-734-4408

Address: 245 E Deloney St

City: Jackson

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Licensing Supervisor RH and Child Care License KD conducted an unannounced visit for CPL-5032.  
Ratios: (2) staff plus Director, (8) children present. Ages: (8) age 2. This group was staff/child ratio compliant.  
Licensing Supervisor RH and Licensor KD spoke with (4) staff members while at the facility.

Director/Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Childcare Licensor: \_\_\_\_\_

Date: \_\_\_\_\_