

FACILITY VISIT

Facility Name: TCSD Grizzlies

Date: 11/01/2022

Time: 12:30

Provider: _____

Certificate #: 017119

Phone: 307-733-5302

Address: 200 North Willow St

City: Jackson

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Unannounced visit. Attendance record verified with children present. PRESCHOOL GROUP: (3) staff, (11) children present. Ages: (4) age 3, (7) age 4. Children are eating lunch. Staff:child ratio and supervision checked. Staff records checked prior to visit. A current CCL-205 was previously provided to Licensor. (1) staff has been hired since last visit. Staff records verified. (1) TA provided for TB assessment for (1) staff not on file at facility. We discussed all upcoming expiring items. Facility hours were verified to be current.

Childcare Licensor:



Date: 11/01/2022

Dicrector/Provider:



Date: 11/01/2022