

FACILITY VISIT

Facility Name: TCSD Grizzlies

Date: 03/09/2021

Time: 11:25

Provider: _____

Certificate #: 017119

Phone: 307-733-5302

Address: 200 North Willow St

City: Jackson

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

On 3.9.21 an unannounced visit was completed via FaceTime. Attendance record was checked and verified with children present. (2) staff, (10) children present. Ages: (6) age 3, (2) age 4, (2) age 5. This group was staff/child ratio compliant and well supervised. Children were walking back to the classroom from a field trip. Records checked prior to visit and verified to be compliant. No new staff have been hired. We discussed upcoming license year and scheduled renewal inspection. No violations observed.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____