

FACILITY VISIT

Facility Name: Star Valley Montessori

Date: 03/19/2021

Time: 03:50

Provider: _____

Certificate #: 017131

Phone: 307-885-6911

Address: 350 S. Washington Street

City: Afton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced Visit. (1) staff, (0) children present. Provider requirements were checked prior to visit and verified to be current at visit. We discussed upcoming expiring items, staff requirements, training requirements and how to submit training certificates to STARS. No violations observed. A follow up visit will be done in the next 30 days to observe children.

Director/Provider:



Date: 03/19/2021

Childcare Licensor:



Date: 03/19/2021