

FACILITY VISIT

Facility Name: Star Valley Montessori

Date: 04/06/2021

Time: 10:00

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, (6) children present. Ages: (2) age 2, (1) age 3, (2) age 4, (1) age 5. This group is staff/child ratio compliant and well supervised. Children are participating in circle time. Provider and staff requirements were checked prior to visit and verified to be current at visit. No violations observed.

Director/Provider:



Date: 04/06/2021

Childcare Licensor:



Date: 04/06/2021