

FACILITY VISIT

Facility Name: Star Valley Montessori

Date: 09/28/2021

Time: 03:15

Provider: _____

Certificate #: 017131

Phone: 307-885-6911

Address: 350 S. Washington Street

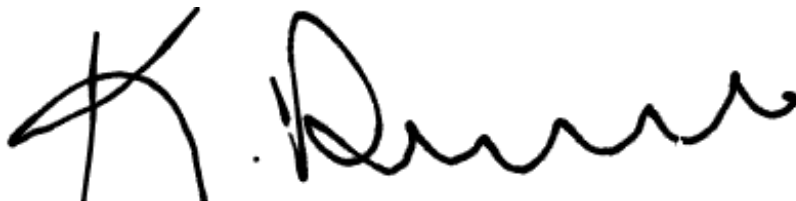
City: Afton

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Compliance monitoring visit. (1) staff, (2) children present. Ages: (2) age 4. Attendance record checked and verified with children present. Attendance records have been kept this month with time in and time out entries for each child. This group is staff/child ratio compliant and well supervised. Children are participating in activity time. Provider and existing staff requirements were checked prior to visit and verified to be current at visit. (3) new staff have been hired since last visit none of which have worked in the facility. Staff requirements are in the process of being completed. We discussed which requirements still need to be completed. (2) fire drills have been conducted and recorded since last visit. (0) violations observed.

Childcare Licensor:



Date: 09/28/2021

Director/Provider:



Date: 09/28/2021