

FACILITY VISIT

Facility Name: Star Valley Montessori

Date: 01/11/2022

Time: 12:15

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. (2) staff, (6) children present. Ages: (1) age 2, (1) age 3, (3) age 4, (1) age 5. Attendance record checked and was updated at the time of the visit. This group is staff/child ratio compliant and well supervised. Children are eating lunch. Provider and existing staff requirements were checked prior to visit and verified to be current at visit. (2) new staff have been hired since last visit and are working in the facility. We discussed staff requirements and upcoming expiring items. A WY central registry form and a CCL-205 form were provided to the Director at visit. (4) violations observed.

Childcare Licensors:

Date: 01/11/2022

Director/Provider:

Date: 01/11/2022