

FACILITY VISIT

Facility Name: Star Valley Montessori

Date: 02/03/2022

Time: 11:50

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, (4) children present. Ages: (2) age 3, (1) age 4, (1) age 5. Attendance record checked and verified with children present. 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. (1) new staff who will be staffed as the facility secretary is in the process of completing background checks. Approved variance notification for parents was verified. We discussed staff requirements and training opportunities. (0) violations observed.

Childcare Licensors:



Date: 02/10/2022

Director/Provider:



Date: 02/10/2022