

FACILITY VISIT

Facility Name: The Montessori School of the Tetons Date: 06/05/2018 Time: 10:20

Provider: _____ Certificate #: 002086 Phone: 307-734-2747

Address: 1240 Huff Ln City: Jackson

Facility Type: ☐ FCCH ☐ FCCC ☒ CCC

Comments/TA Provided:

Investigative Visit.

Director/Provider: _____ Date: _____

Childcare Licensors: _____ Date: _____