

FACILITY VISIT

Facility Name: The Montessori School of the Tetons

Date: 04/09/2019

Time: 02:00

Provider: _____

Certificate #: 002086

Phone: 307-734-2747

Address: 1240 Huff Ln

City: Jackson

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Licenser completed unannounced visit of the facility. 16 children preset with 2 teachers. Facility was within ratios, within room capacity, within group size and within overall capacity. Most children doing nap time. 3 non nappers were working on a project in the side area. Cleaning and sanitizing was taking place at the time of inspection. Facility was in excellent shape. All staff were current. No violations were noted.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____