FACILITY VISIT

Facility Name: KIM NORMAN

Provider: _____

Address: 757 KLONDIKE DR.

Date: <u>06/16/2020</u> Certificate #: <u>001841</u> City: <u>Buffalo</u>

Time: <u>01:30</u> Phone: <u>307-684-5356</u>

Facility Type: ____ FCCH X FCCC ___ CCC

Comments/TA Provided:

Unannounced visit compeleted virtually due to COVID-19 restrictions. At time of visit, Kim had 1-1yr old, 3-4&5yr olds, and 6 school age kids. Kim was the only staff at this time. She has a staff, Roxanne, who is currently not working due to COVID-19 risk factors. Kim reported that she is doing extra cleaning with sanitizer and lysol. Kim is looking at new ideas for school age kids for the summer because she does not want to leave her property with the kids. She will keep in contact with licensing. No compliance due.

Dicrector/Providor:

Date: 06/16/2020

Childcare Licensor:

C

Date: 06/16/2020