

FACILITY VISIT

Facility Name: KIM NORMAN

Date: 03/01/2021

Time: 10:01

Provider: _____

Certificate #: 001841

Phone: 307-684-5356

Address: 757 KLONDIKE DR.

City: Buffalo

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

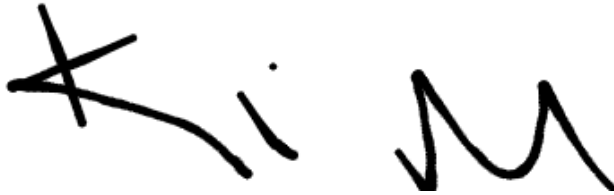
In person visit on this date. Kids reading with Kim at the time of the visit. 1, 2, 2, 2, 4, 3, 5, 5 with two staff. No changes. Kim is continuing to clean with bleach and has test strips to test. Cleaning toys and surfaces are done daily as a COVID precaution. Parents do not come all the way into the facility at this time as a COVID precaution. We discussed DCI expirations coming up. Licensor emailed updated forms to Kim.

Director/Provider:



Date: 03/01/2021

Childcare Licensor:



Date: 03/01/2021