**FACILITY VISIT** 

Facility Name: The Kid Zone

Date: <u>09/16/2020</u>

Time: <u>01:18</u>

Provider:

Certificate #: <u>016911</u>

Phone: <u>307-331-9914</u>

Address: 47 Lakeview Dr.

City: <u>Douglas</u>

Facility Type: X\_FCCH \_\_\_ FCCC \_\_\_ CCC

## Comments/TA Provided:

There are three children present at the time of visit. One child is at preschool. Leann has 6 children enrolled. Children are napping. Things are going well. Is using hand sanitizer discussed using it in addition to instead of in place of handwashing. Is still bleaching and sanitizing. Gave info that if she has a child test positive to please call me. No changes, things are going well. Please call with any questions. Thanks

Dicrector/Providor:

Date: <u>09/16/2020</u>

Childcare Licensor:

Date: <u>09/16/2020</u>