FACILITY VISIT

Facility Name: Red Rover Childcare

Provider: _

Address: 919 N. Main

Facility Type: ____ FCCH ____ FCCC X_CCC

Comments/TA Provided:

Virtual visit due to COVID-19 restrictions to followup on renewal now that the facility is open. 3 kids at time of visit with 2 staff. Tina is sanitizing twice per day and is not allowing any visitors at this time. Reviewed child records as a followup to the renewal visit. Tina's fire inspection has been completed and she is ready for a full license.

Dicrector/Providor:

completed virtuall Date: 06/26/2020

Childcare Licensor:

Date: 06/26/2020

Date: <u>06/26/2020</u> Certificate #: <u>016918</u> City: <u>Buffalo</u>

Time: <u>01:10</u> Phone: <u>307-621-0539</u>