FACILITY VISIT

Facility Name: I Can Preschool

Provider: ____

Address: 185 Jefferson St

Date: <u>01/22/2021</u> Certificate #: <u>001712</u> City: <u>Sheridan</u> Time: <u>09:30</u> Phone: <u>307-751-1511</u>

Facility Type: ____ FCCH X FCCC ___ CCC

Comments/TA Provided:

Virtual visit on this date. There were 4 kids present, 4-5yr olds. Theo propped the phone so I could view circle time and snack time. Theo stated she has not had any changes since the beginning of the school year. She is the only staff at this time. She has lower numbers this year to be prepared if health orders limit group size again. She takes temps of the kids when they come in, washes toys daily, kids have their own school supplies. Theo stated that she always wears a mask and tries the best she can to have the kids wear masks.

Dicrector/Providor:

TATION

Date: 01/25/2021

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Childcare Licensor: