

FACILITY VISIT

Facility Name: NOAHS ARK

Date: 10/02/2020

Time: 09:30

Provider: _____

Certificate #: 002052

Phone: 307-672-3221

Address: 135 CRESCENT DRIVE

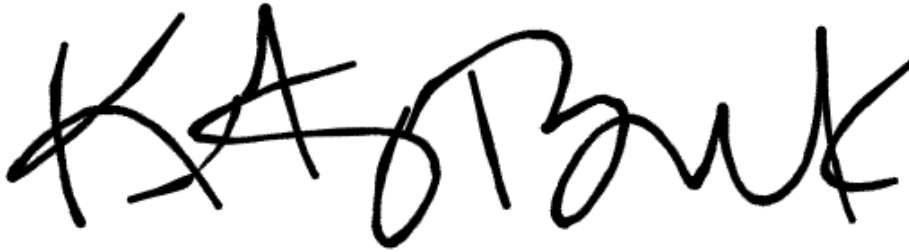
City: Sheridan

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Follow up visit from COVID closure. Facility is clean and organized at the time of the visit. 7 kids on each side of the classroom. Kids have played outside today and are doing group time at the time of the visit. Staff records reviewed and complete at the time of visit. Facility has additional procedures in place as a precaution to COVID. No compliance due.

Director/Provider:



Date: 10/02/2020

Childcare Licensor:



Date: 10/02/2020