## FACILITY VISIT

Facility Name: No Worries Childcare

Provider: \_\_\_\_

Address: <u>949 Smylie Rd.</u>

Date: <u>11/05/2020</u> Certificate #: <u>002262</u> City: <u>Douglas</u> Time: <u>11:27</u> Phone: <u>307-358-0909</u>

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

Comments/TA Provided:

Required unannounced visit completed on this date. There are 3 children present at the time of the visit. Elaine has 7 children enrolled at this time. No new household members or staff. Children are playing and getting ready for lunch. No sickness or any sickness. Discussed COVID and the different scenarios and to contact me with any suspected or confirmed positives. Have a great day please call me with any questions. Thanks!

Dicrector/Providor:

Date: <u>11/06/2020</u>

Childcare Licensor:

Date: 11/06/2020