

FACILITY VISIT

Facility Name: INDIAN HILLS

Date: 03/26/2021

Time: 10:30

Provider: \_\_\_\_\_

Certificate #: 001835

Phone: 307-742-4905

Address: 4403 COMANCHE

City: Laramie

Facility Type: \_\_\_ FCCH ☒ FCCC \_\_\_ CCC

Comments/TA Provided:

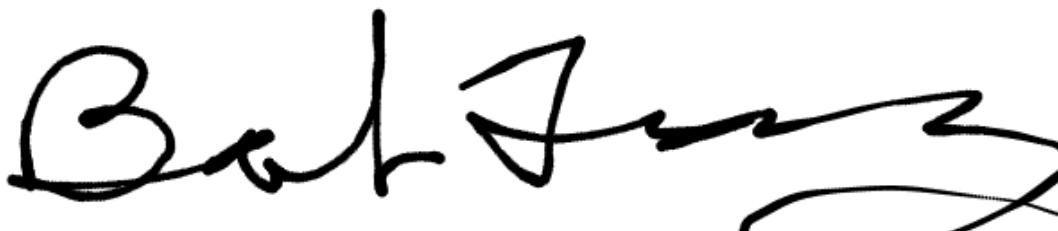
Unannounced visit completed on this date. No hazards observed. 2:10 - ratios in compliance. Reviewed staff summary and new staff records for staff member BM. Emailed out of state central registry forms and variance request form. Requested variance be submitted by the end of the day.

Director/Provider:



Date: 03/26/2021

Childcare Licensor:



Date: 03/26/2021