

FACILITY VISIT

Facility Name: INDIAN HILLS

Date: 04/07/2022

Time: 11:09

Provider: _____

Certificate #: 001835

Phone: 307-742-4905

Address: 4403 COMANCHE

City: Laramie

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

2-infant, 1-2YO: 1 staff. Received TB and CPR/FA from staff. Discussed Adult/Child/Infant requirement per new rule change. M-F 7am-5:30. Discussed director change requirements.

Childcare Licensor:



Date: 04/07/2022

Director/Provider:



Date: 04/07/2022