

FACILITY VISIT

Facility Name: INDIAN HILLS

Date: 05/21/2020

Time: 03:00

Provider: _____

Certificate #: 001835

Phone: 307-742-4905

Address: 4403 COMANCHE

City: Laramie

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

Reviewed staff summary, removed staff not working, all records are current. Fire and sanitation are current. Ratios 1:7 (1, 4, 4, 4, 4, 4, 3). Facility generally walks to the park for outdoor play time but due to the park being closed, they have been taking walks almost daily and playing in the back yard. No infants in care at this time. Sanitizing and cleaning being done regularly and thoroughly. Discussed possibility of sanitizing shortages and what will be done if that happens.

Director/Provider: _____

Date: _____

Childcare Licenser: _____

Date: _____