

FACILITY VISIT

Facility Name: ABSAROKA HEADSTART LANDER

Date: 04/27/2021

Time: 02:02

Provider: _____

Certificate #: 000078

Phone: 307-332-5559

Address: 626 Washington


City: Lander

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Two groups present, nap time observed. 3 year old room ratios 2:6 and 4 year old room 2:16. Staff was present and children were sleeping on individual nap mats. Ratios and supervision in compliance.

Director/Provider:



Date: 04/27/2021

Childcare Licensor:



Date: 04/27/2021