

FACILITY VISIT

Facility Name: The Eagle Nest

Date: 03/26/2026

Time: 12:12

Provider: _____

Certificate #: 017620

Phone: 307-921-1880

Address: 342 Amoretti

City: Thermopolis

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit completed. Observed nap in both classrooms and end of lunch service. Discussed staff qualifications and observed staff records with Director Andreen.

Childcare Licensor:



Date: 03/26/2026

Director/Provider:



Date: 03/26/2026