FACILITY VISIT

Facility Name: Time of Wonder Childcare

Provider: ____

Address: 3220 Sage Drive

Date: <u>06/10/2020</u> Certificate #: <u>001554</u> City: <u>Laramie</u> Time: <u>09:00</u> Phone: <u>307-399-4604</u>

Facility Type: ____ FCCH X FCCC ___ CCC

Comments/TA Provided:

Ratios 1: 2, 1, 1, 1, 3, 4, 5 (7 total). Providers own 3 school children and 1 friend also present. Facility looks good, no hazards observed, lots of age appropriate toys present. Doing screenings on the way in, using phone check ins as log for screenings. April reports lots of sanitizing and cleaning going on. Discussed sub list and sent link and password.

Dicrector/Providor:

Date: 06/10/2020

Childcare Licensor:

Date: 06/10/2020