

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 05/12/2021

Time: 01:50

Provider: _____

Certificate #: 001554

Phone: 307-399-4604

Address: 3220 Sage Drive

City: Laramie

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

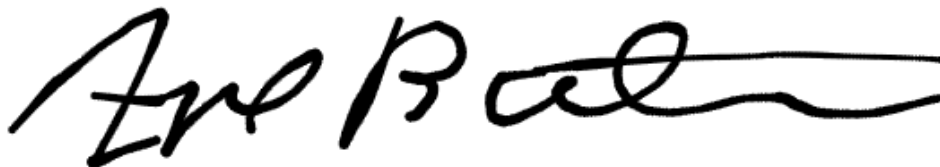
Unannounced visit completed on this date, in person, with children present. Ratios in compliance (1:8 - I, 1, 2, 2, 2, 3, 4, 5). Facility is clean and no hazards or violations observed. Reviewed staff summary and gave reminder that fingerprints and CPR/FA expire at the end of the year. Discussed new employee paperwork and what we can do a variance for, call me if you need one and I will help get you through it!

Director/Provider:



Date: 05/12/2021

Childcare Licensor:



Date: 05/12/2021