

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 08/19/2021

Time: 11:45

Provider: _____

Certificate #: 001554

Phone: 307-399-4604

Address: 3220 Sage Drive

City: Laramie

Facility Type: ___ FCCH ☒ FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit completed on this date. No hazards or violations observed. 2:8 (1, 3, 2, 2, 3, 4, 3, 4, 5) - ratios in compliance. Licenser brought a set of child enrollment forms for April. Reviewed staff summary for new staff (no expired items for existing) - in compliance. Kids were playing and getting ready for lunch and having a great time. Excellent job!

Childcare Licenser:



Date: 08/19/2021

Director/Provider:



Date: 08/19/2021