

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 07/07/2022

Time: 09:30

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. No hazards or violations observed. Licenser will check STARS and let April know if anything is missing for her employees. Licenser followed up with central registry about ER's central registry - ER is not working at this time and this will be corrected prior to her working. Discussed new policy requirements, sent rule change checklist. Ratios in compliance.

Childcare Licenser:



Date: 07/07/2022

Director/Provider:



Date: 07/07/2022