

FACILITY VISIT

Facility Name: Wonderland Preschool

Date: 10/06/2020

Time: 11:00

Provider: _____

Certificate #: 002020

Phone: 307-786-2439

Address: 133 Rees RD, Urie

City: Lyman

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Holly had 10 children with her today. They are working on the letter C, by doing activities associated with the letter C.

Director/Provider:



Date: 10/06/2020

Childcare Licensor:



Date: 10/06/2020