

FACILITY VISIT

Facility Name: Small Wonders

Date: 06/07/2021

Time: 11:46

Provider: _____

Certificate #: 002272

Phone: 307-587-9229

Address: 2635 Sheridan Ave

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit completed on this date. Multiple violations issued. Licensor will return for monitoring visit within 30 days. Corrective Action Plan (emailed to director) shall be completed and provided to licensor for approval.

Childcare Licensor: _____

Date: _____

Director/Provider: _____

Date: _____