

FACILITY VISIT

Facility Name: Small Wonders

Date: 07/06/2021

Time: 10:59

Provider: _____

Certificate #: 002272

Phone: 307-587-9229

Address: 2635 Sheridan Ave

City: Cody

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Follow up visit. Observed infant area, sleep space, snack and outdoor play. Staff ratios are appropriate. Cabinet in child bathroom is fixed.

Childcare Licensor: _____

Date: _____

Dicrector/Providor: _____

Date: _____