

FACILITY VISIT

Facility Name: World of Wonder

Date: 10/20/2020

Time: 01:00

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Following up on the injury report process per CAP. Rhianna Herrera is the new assistant director. Jennifer is out on an emergency. Discussed the process for the Wyoming Injury Report. Staff has been informed and trained. Rhianna was able to explain the process well. No further monitoring.

Director/Provider:

DJ Holte

Date: 10/20/2020

Childcare Licensors:

Rhianna He

Date: 10/20/2020