

FACILITY VISIT

Facility Name: World of Wonder

Date: 12/08/2020

Time: 10:15

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This visit was via zoom. Jennifer was reminded that her central registry expires early in 1/2021. She has also recertified for FA/CPR. She is doing the health requirements at check in with temp checks and documentation. Her staff is asking the parents the health questions. They had sanitizer available and were wearing masks at this visit. health and fire are ok for now. She is sending licensing an updated 205. The infant room had 3 with Tabitha. There were 9 1-yr olds with 2 staff (Terry and Stacy) 8 2-3 yr olds were with Brittany. Sarah was with the 2 yr olds. Less than 8. There were 19 4 yr olds with 2 teachers. (Crystal and Rhianna). Alissa Barker, Jeannie, Desirae Cloud, Brittany fresquez, Christi Davis and Austin Salazar no longer work at the facility. No longer on the staff summary.

Director/Provider:



Date: 12/09/2020

Childcare Licensor:

Date: 12/09/2020