FACILITY VISIT

Facility Name: World of Wonder

Provider:

Address: 3406 Holmes Street

Date: <u>08/04/2021</u> Certificate #: <u>002438</u> City: <u>Cheyenne</u> Time: <u>03:21</u> Phone: <u>307-632-8299</u>

Facility Type: ____ FCCH ____ FCCC X CCC

Comments/TA Provided:

Presented the CCL-301 and discussed the allegations with Jennifer Vogt, director. Please send me the contact information for the staff that go with the school age program activities. Thanks.

Childcare Licensor:

Madel

Date: 08/04/2021

Dicrector/Providor:

Date: 08/04/2021