

FACILITY VISIT

Facility Name: World of Wonder

Date: 10/21/2021

Time: 01:30

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Provided the CCL 301 Statement of Allegations to the director, Jennifer Vogt. Accompanied by Tiffany Carlson and Susan Medina. Interviewed director and assistant director. Looked at gate. Rcvd attendance but needs updating to reflect the clock in times. Rcvd staff summary of three staff involved. Please provide a copy of the new checklist.

Childcare Licensors:



Date: 10/21/2021

Director/Provider:

Date: 10/21/2021