

FACILITY VISIT

Facility Name: World of Wonder

Date: 12/09/2021

Time: 12:45

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

This visit is to monitor previous concerns and conduct a regular visit. Concerns were: 1. Trainings completed on first day. No new hire at this time. Let me know how it goes. 2 New attendance forms and playground outside checklist, new gate(previously looked at). Checked and is in compliance. 3. Calling licensing regarding any emergency response to facility---staff has been trained. 4. Holiday plan for the school break and school aged excursions. Did not need to do at Thanksgiving, but is in the works for Christmas break. Ratios:1:4 infants, 1:8 2 yr olds, 23-3-4 yr olds with 3 staff. Will regroup after rest time to have 1:5 and 2:20. 2 staff with 11-2-3yr olds, 2 schoolage with 1. Staff record was previously viewed at recent violation. New staff are: Hailey Carter Jennifer has been reminded that her fingerprints and central registry expire very soon. Fire inspection was done on 12/7/2021. Please forward to me. Thanks for all you do and Merry Christmas!

Childcare Licensor:



Date: 12/09/2021

Director/Provider:



Date: 12/09/2021