

FACILITY VISIT

Facility Name: World of Wonder

Date: 10/26/2023

Time: 01:41

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit conducted on this day. Facility and playground were inspected, checked staff child ratios and discussed with assistant director on site. Reviewed staff records and discussed variance procedures. School age children were enjoying a movie when licenser arrived and the Assistant Director was very kind and accommodating. Received two variance requests for staff records at time of visit.

Childcare Licensor:



Date: 10/26/2023

Director/Providor:



Date: 10/26/2023