

FACILITY VISIT

Facility Name: World of Wonder

Date: 11/08/2023

Time: 10:00

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 classrooms were checked for safety hazards. Staff:Child ratios and supervision were observed during the visit. The one year old classroom looked like they had a great time tearing paper this morning. TA- was provided for feeding of infants who cannot hold their own bottles, pacifier tethers in pack and plays, requiring a doctor's note for propping infants during sleep, cross contamination of handwashing sink in the infant classroom, visiting therapist variances and youth trainee requirements were discussed.

Childcare Licensor:



Date: 11/08/2023

Director/Provider:



Date: 11/08/2023