

FACILITY VISIT

Facility Name: World of Wonder

Date: 01/30/2024

Time: 10:40

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 date. Infant room was observed and is looking clean a great. Thank you so much for all of your hard work. One returning staff record checked during time of visit.

Childcare Licensor:



Date: 01/30/2024

Director/Provider:



Date: 01/30/2024