

FACILITY VISIT

Facility Name: World of Wonder

Date: 02/07/2024

Time: 07:47

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. Staff:Child Ratios and supervision were observed. Children were eating breakfast and getting ready to go to school. Viewed student permission forms received attendance records for Jan. 16th through February 6th TA-Provided for bathroom requirements per building codes and handwashing procedures.

Childcare Licensor:



Date: 02/07/2024

Director/Provider:



Date: 02/07/2024