

FACILITY VISIT

Facility Name: World of Wonder

Date: 03/14/2024

Time: 03:20

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. Staff:Child ratios and supervision were observed. Infant room observed and attendance records were checked during the visit. Discussed staffing and variances. Transitions were observed. The children were enjoying their snack of apples peanut butter and milk.

Childcare Licensor:



Date: 03/14/2024

Director/Provider:



Date: 03/14/2024