

FACILITY VISIT

Facility Name: World of Wonder

Date: 06/27/2024

Time: 12:17

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

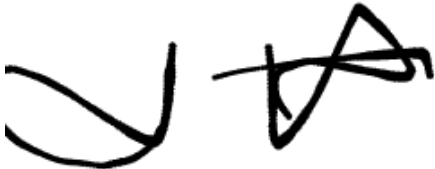
Unannounced visit conducted on this date. Staff:child ratios and supervision were observed. Infant safe sleep were observed. Children were napping and big kids were returning from a field trip when licenser arrived.

Childcare Licensor:



Date: 06/27/2024

Director/Providor:



Date: 06/27/2024