

FACILITY VISIT

Facility Name: World of Wonder

Date: 02/06/2025

Time: 09:30

Provider: _____

Certificate #: 002438

Phone: 307-632-8299

Address: 3406 Holmes Street

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

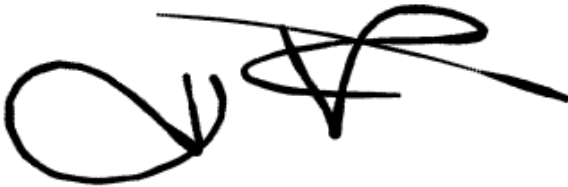
Unannounced visit conducted on this date. Staff:Child ratios and supervision were observed. Discussed transportation routines and morning bus routines with the director. 10 one year olds with one staff, 8 infants with 2 staff, 6 two year olds and 4 three year olds with one staff, 8 two year olds with one staff, and 23 4 year olds with 2 staff. TA-provided for ensure that staff are signed in and out of classroom rosters.

Childcare Licensor:



Date: 02/06/2025

Director/Provider:



Date: 02/06/2025