

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 06/27/2018

Time: 11:00

Provider: _____

Certificate #: 001554

Phone: 307-399-4604

Address: 3220 Sage Drive

City: Laramie

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

External inspections and background checks are current. Ratios okay. One school age child of the provider's and a school aged friend were on the premises also, but not included in child care capacity/ratios. Bouncy house water feature has permissions and waivers on file. Discussed manufacturer's instructions, including age and capacity limits.

Director/Provider: _____

Date: _____

Childcare Licensors: _____

Date: _____