

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 06/17/2019

Time: 12:20

Provider: _____

Certificate #: 001554

Phone: 307-399-4604

Address: 3220 Sage Drive

City: Laramie

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Fire and sanitation inspections are current. Ratios in compliance (2:11). Licensor will have Ellie from STARS call April to help with recording the pre-service/facility orientation. Discussed possible changes to training and current training requirements. Provided 2 staff person ratio charts.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____