

FACILITY VISIT

Facility Name: Time of Wonder Childcare

Date: 06/10/2020

Time: 09:00

Provider: _____

Certificate #: 001554

Phone: 307-399-4604

Address: 3220 Sage Drive

City: Laramie

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Ratios 1: 2, 1, 1, 1, 3, 4, 5 (7 total). Providers own 3 school children and 1 friend also present. Facility looks good, no hazards observed, lots of age appropriate toys present. Doing screenings on the way in, using phone check ins as log for screenings. April reports lots of sanitizing and cleaning going on. Discussed sub list and sent link and password.

Director/Provider: _____

Date: _____

Childcare Licensor: _____

Date: _____