State of Wyoming Department of Family Services

FACILITY VISIT

Facility Name: <u>Imagination Destination</u> Date: <u>04/19/2021</u> Time: <u>11:45</u>

Provider: Certificate #: <u>001983</u> Phone: <u>307-634-6904</u>

Address: <u>6503 Faith Drive</u> City: <u>Cheyenne</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Unannounced visit completed on this date, in person. Discussed variances and staffing. Requested copy of staff summary by Friday for licenser to review. Walked around the facility, no hazards observed, all classrooms in ratio compliance, classrooms are beautiful, well organized with a lot of age appropriate activities and toys. Discussed outside playspace, request copy of contractor's measurements to review.

Dicrector/Providor:

Date: <u>04/19/2021</u>

Childcare Licensor:

Date: <u>04/19/2021</u>