

FACILITY VISIT

Facility Name: Imagination Destination

Date: 06/23/2021

Time: 11:45

Provider: _____

Certificate #: 001983

Phone: 307-634-6904

Address: 6503 Faith Drive

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

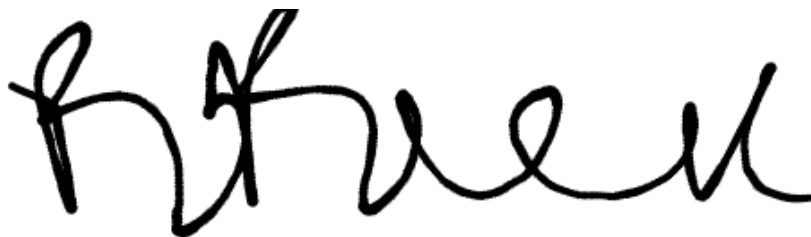
Extra unannounced visit completed on this date. Licensor will send staff summary list of what is still needed prior to renewal, if you send it to me in advance, we will not have to do that at your renewal visit. Licensor requested copy of SG's central registry so licensor can update last name and find in the future. Ratios were in compliance in all rooms, no hazards and violations observed.

Childcare Licensor:



Date: 06/23/2021

Director/Provider:



Date: 06/23/2021