

FACILITY VISIT

Facility Name: Imagination Destination

Date: 11/08/2021

Time: 11:00

Provider: _____

Certificate #: 001983

Phone: 307-634-6904

Address: 6503 Faith Drive

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date, Delivered CCL-301 with Karen Rosetti. Talked to Director Baillie Beck and all relevant staff members.

Childcare Licensors:



Date: 11/08/2021

Director/Provider:



Date: 11/08/2021