

FACILITY VISIT

Facility Name: Imagination Destination

Date: 04/21/2022

Time: 10:03

Provider: _____

Certificate #: 001983

Phone: 307-634-6904

Address: 6503 Faith Drive

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit, checked ratios and supervision in all classrooms, all compliant. TA: Discussed room capacity being followed at all times. Reviewed staff files for new staff. Prior staff records were reviewed electronically prior to the visit. Remember to have all new staff complete Medication Administration training as part of their Pre-service Orientation.

Childcare Licensor:



Date: 04/21/2022

Director/Provider:



Date: 04/21/2022