

FACILITY VISIT

Facility Name: Imagination Destination

Date: 09/22/2022

Time: 09:40

Provider: _____

Certificate #: 001983

Phone: 307-634-6904

Address: 6503 Faith Drive

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Visit with Baillie and staff. Check ratios. Discuss staff training for a new staff.

Childcare Licensor:



Date: 09/22/2022

Director/Providor:



Date: 09/22/2022