

FACILITY VISIT

Facility Name: Imagination Destination

Date: 10/10/2022

Time: 10:00

Provider: _____

Certificate #: 001983

Phone: 307-634-6904

Address: 6503 Faith Drive

City: Cheyenne

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit made jointly with the New Fire Inspector. Discussed the fire drill process and a fire drill was conducted.

Childcare Licensor:



Date: 10/10/2022

Director/Provider:



Date: 10/10/2022