CCL-300
04/17

State of Wyoming
Department of Family Services

FACILITY VISIT

Facility Name: Imagination Station Learning Center Date: 10/23/2020 Time: 10:50

Provider: _____ Certificate #: 002335 Phone: 307-265-4230

Address: 440 Leird Lane City: Evansville

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit to facility to deliver CCL-301 re: Staff working without current central registry. Gave Whisper the statement of allegations and discussed allegations. Discussed requirements to have Coveney begin working at the facility. There are no new staff. There are 9 children with Shaylee (3-5), there are 7 children (1-2) with Amanda and Marcus and 1 infant with Trina. CCL-305 will be sent once investigation is closed. Please call me with any questions.

Director/Provider: _____ Date: _____

Childcare Licensor: _____ Date: _____