

FACILITY VISIT

Facility Name: Basic Beginnings South

Date: 11/03/2021

Time: 09:15

Provider: _____

Certificate #: 002380

Phone: 307-742-9332

Address: 3520 Garfield

City: Laramie

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date. Staff:child ratios in compliance in every room. No hazards or violations observed. Discussed background checks and the difficulties of getting the results in a timely manner. Licensor will send visiting therapist variance form. Please check on G.H.'s central registry and send me a copy.

Childcare Licensor:



Date: 11/03/2021

Director/Provider:



Date: 11/03/2021