

FACILITY VISIT

Facility Name: BASIC BEGINNINGS

Date: 09/17/2020

Time: 11:20

Provider: _____

Certificate #: 002458

Phone: 307-745-5755

Address: 1474 NORTH 19TH ST

City: Laramie

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Unannounced visit completed on this date. Checked all classrooms, every room looks great, no hazards observed. All classrooms in compliance with staff:child ratio requirements. Reviewed staff summary and got updated information for new staff hired since last visit.

Director/Provider:



Date: 09/17/2020

Childcare Licensor:



Date: 09/17/2020