State of Wyoming Department of Family Services

Time: <u>01:00</u>

FACILITY VISIT

Facility Name: <u>BASIC BEGINNINGS</u> Date: <u>05/13/2021</u>

Provider: _____ Phone: <u>307-745-5755</u>

Address: <u>1474 NORTH 19TH ST</u> City: <u>Laramie</u>

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Unannounced visit completed on this date to deliver CCL-301, statement of allegation. Interviewed Jan Lawrence and Kamie Dorssom. Viewed Turtle and Bumblebee classroom.

Dicrector/Providor:

Date: <u>05/13/2021</u>

Childcare Licensor:

Date: <u>05/13/2021</u>