## **FACILITY VISIT**

Facility Name: <u>BASIC BEGINNINGS</u> Date: <u>09/29/2021</u> Time: <u>03:00</u>

Provider: Certificate #: <u>002458</u> 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. No hazards or violations observed. All rooms in compliance with ratio requirements. Discussed economic impacts on childcare and WestEd modules. Reviewed staff summary, everything in compliance.

Childcare Licensor:

Date: <u>09/29/2021</u>

Dicrector/Providor:

Date: <u>09/29/2021</u>