

FACILITY VISIT

Facility Name: BASIC BEGINNINGS

Date: 09/26/2022

Time: 01:58

Provider: _____

Certificate #: 002458

Phone: 307-745-5755

Address: 1474 NORTH 19TH ST

City: Laramie

Facility Type: ___ FCCH ___ FCCC X CCC

Comments/TA Provided:

Facility visit completed on this date. Playground inspected. No changes to hours of operation. Director and assistant directors present during visit.

Childcare Licensor:



Date: 09/26/2022

Director/Provider:



Date: 09/26/2022