

FACILITY VISIT

Facility Name: BASIC BEGINNINGS

Date: 03/06/2025

Time: 09:00

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 with Licensor Schmitzer. Discussed staffing and children at the facility and difficulties with various sources of information. Viewed classrooms and ratios.

Childcare Licensor:



Date: 03/06/2025

Director/Provider:



Date: 03/06/2025