

FACILITY VISIT

Facility Name: JACKIE AGUILAR

Date: 07/30/2020

Time: 11:30

Provider: \_\_\_\_\_

Certificate #: 002054

Phone: 307-399-7607

Address: 1733 Glacier

City: Laramie

Facility Type: \_\_\_ FCCH  FCCC \_\_\_ CCC

Comments/TA Provided:

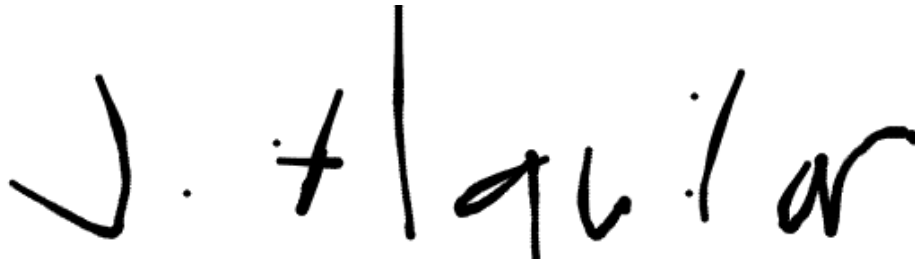
Delivered CCL-301 statement of allegations to Director Jackie Aguilar. Discussed each allegation. Received parent contact information for all enrolled children and contact information. Checked bathroom for stool and soap - present at the time of the visit. Ratios 1: 10 (1, 5, 3, 3, 3, 4, 4, 1, 2, 2) - in compliance.

Director/Provider:



Date: 07/30/2020

Childcare Licensor:



Date: 07/30/2020