

FACILITY VISIT

Facility Name: JACKIE AGUILAR

Date: 05/27/2021

Time: 10:00

Provider: _____

Certificate #: 002054

Phone: 307-399-7607

Address: 1733 Glacier

City: Laramie

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Unannounced visit completed on this date in person. Licensor will send 2 sets of fingerprint cards and forms. 2:15 (1, I, I, 1, 2, 2, 2, 1, 2, 2, 3, 4, 3, 5, 3) - Ratios in compliance. Bigger kids were playing in the back yard with the water slide and were having a great time - yard looks great! No hazards or violations observed.

Director/Provider:



Date: 05/27/2021

Childcare Licensor:



Date: 05/27/2021