

FACILITY VISIT

Facility Name: JACKIE AGUILAR

Date: 08/17/2021

Time: 10:30

Provider: _____

Certificate #: 002054

Phone: 307-399-7607

Address: 1733 Glacier

City: Laramie

Facility Type: ___ FCCH FCCC ___ CCC

Comments/TA Provided:

Extra unannounced visit completed on this date. Licensor will send 3 copies of central registry via USPS. All other staff records are in compliance. 2:14 (3, 3, 1, 2, 2, 4, 4, 2, 2, 2, 3, 5, 4, 1) - ratios in compliance. No hazards or violations observed. New puppy - will check rabies immunization at renewal (too young for rabies). Great Job!

Childcare Licensor:



Date: 08/17/2021

Director/Provider:



Date: 08/17/2021