

Date of Inspection: 4/8/25
Time of Inspection: 1:00-1:58

Type of Inspection: ☒ Annual ☐ Complaint

☐ Follow Up (Original Inspection)

Date: ___/___/___

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

Building 3:
 Infants are in designated rooms? Yes No ☒ NA
 Does facility transport children? Yes ☒ No NA
 Overnight Care? Yes ☒ No

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