

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

Date: 4/8/25