

Date of Inspection: 6/13/25
Time of Inspection: 1240p
Type of Inspection: ☐ Annual ☒ Complaint
☐ Follow Up (Original Inspection)
Date: ___/___/___
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM