

Date of Inspection: 06/16/25
Time of Inspection: 10:50a / 11:35a

Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)

Date: / /)

Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Infants are in designated rooms? ☐ Yes ☐ No ☒ N/A
Does facility transport children? ☐ Yes ☒ No ☐ N/A
Overnight Care? ☐ Yes ☒ No
8:00AM- 5:00PM

Signature of Child Care Licensing Specialist: [Signature] Date: 06/16/2025