

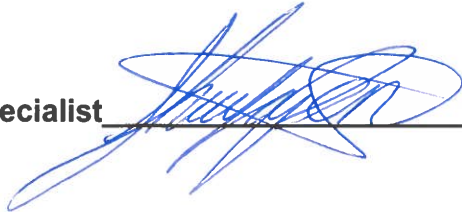
Date of Inspection: 5-13-25
Time of Inspection: 3:00pm
Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)
Date: ___/___/___
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Date _____

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Lake Carolina ELCPERMIT # 22497

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
New staff file missing TB results.	Staff will need cleared TB results placed in file.	5/26/2025

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Date 5-13-25