

Date of Inspection: 7/7/25
Time of Inspection: 10:38a

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

Date: ___/___/___

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

Signature of Child Care Licensing Specialist: Asprant Date: 7/7/25