

Date of Inspection: 4/21/25
Time of Inspection: 11:30 AM
Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)
Date: ____/____/____
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Hours of Operation: M- 7:30AM-11:30PM T- 7:30AM-11:30PM W- 7:30AM-11:30PM Th- 7:30AM-11:30PM F- 7:30AM-11:30PM

Signature of Child Care Licensing Specialist: J McV... Date: 4/21/23