

Date of Inspection: 9/19/25
Time of Inspection: 1:25
Type of Inspection: ☐ Annual ☒ Complaint
☐ Follow Up (Original Inspection)
Date: ____/____/____
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Hours of Operation: M- 7:00AM- 6:00PM T- 7:00AM- 6:00PM W- 7:00AM- 6:00PM Th- 7:00AM- 6:00PM F- 7:00AM- 6:00PM

Signature of Child Care Licensing Specialist: Ann M. White Date: 9/9/25