

Date of Inspection: 8/22/25
Time of Inspection: 12:15
Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)
Date: ____/____/____
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Date: 8/22/25

Division of Early Care and Education**Deficiency Correction****NAME OF PROVIDER/OPERATOR** Clay Hill Elementary Head Start**PERMIT #** 23558

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Unauthorized Caregiver did not have child abuse and neglect and sex offender registry check clearance for the center	Submit for the child abuse and neglect and sex offender registry check	8/22/25

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

Licensing Specialist Christine Torres**Date 8/22/25**