

Date of Inspection: 10-23-95
Time of Inspection: 12:03 PM
Type of Inspection: ☐ Annual ☒ Complaint
☐ Follow Up (Original Inspection)
Date: ____/____/____
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

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

Signature of Child Care Licensing Specialist: Debra J. Blum Date: 10-23-25