

Date of Inspection: 7.7.26
Time of Inspection: 1100pm

Type of Inspection: ☐ Annual ☒ Complaint

☐ Follow Up (Original Inspection)

Date: ___/___/___

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A
Does facility transport children? ☒ Yes ☐ No ☐ N/A
Overnight Care? ☐ Yes ☒ No

Signature of Child Care Licensing Specialist: [Signature] Date: 1-17-26 Revised February 2025