

Date of Inspection: 9-21-26
Time of Inspection: 11:30am

Type of Inspection: ☒ **Annual** ☐ **Complaint**
☐ **Follow Up (Original Inspection)**

Date: / /

Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

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

Signature of Director/Operator/Designee: [Signature] Date: 9-21-2026 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: [Signature] Date: 9.21.26 Revised February 2025