

Inspection Form

Comments: Three staff have expired medical reports

Failed - Medical, Staff Checklist

8/18/2025

Comments: expired 1-26-2025

Failed - Preadmission Form, Child Checklist

7/25/2025

Comments: Incomplete preadmission form - incomplete addresses

Failed - Hazardous substances locked, Classroom Checklist / Little

7/25/2025

Creepers

Comments: A hazard, spray paint, was not under lock and key in the 18 months to 2 1/2 year old room

Failed - Lighting adequate, Classroom Checklist / Busy Beez

8/18/2025

Comments: The light does not work in the bathroom

Failed - Hazardous substances locked, Classroom Checklist /

7/25/2025

Invaders

Comments: A hazard, hand sanitizer, was not under and key in the 4 year old room

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before _____, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Samuel Jones
Signature of Facility Representative

8-18-25

Date

bridgette smith

Signature of DHR Licensing Representative

Date

COPIES TO: Director