



Date of Inspection: Aug 7/15

Name of Facility: Matthews Flight Therapy

[illegible]

Signature of child day care facility operator:

for: See above

Date: _____

Aug 7/15

Signature of Early Childhood Consultant:

Sally Pearson

Date:

Aug 7/15

This document will be available on-line at www.ece.gov.nl.ca within 10 days of inspection