

Provider's Signature

*[Handwritten Signature]*  
9/3/25

S No.	Deficiency
-------	------------

4. Ad Hoc Deficiency

24	Lighting adequate	Observed
23	Screens on windows which are opened	Not applicable
22	Medication locked	Not applicable
21	Containers labeled	Observed
20	Hazardous substances locked	Observed
19	Barriers around heaters, fans	Observed
18	Electrical outlets covered	Observed
17	Designated activity areas	Observed
16	Shelving for equipment and supplies/anchored	Observed
15	Written schedule posted with 60-90 minutes of active play	Observed
14	Indoor thermometer (child safe)	Observed
13	Cots/sheets/covers for each child who naps	Observed
12	Table space and chair for each child	Observed
11	*Interlocking manipulative play sets - 1 per 5 children	Observed