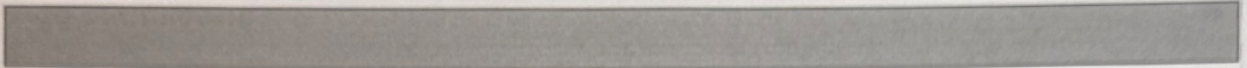


S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	



S No.	Questions	Answer	Comments

**4. Ad Hoc Deficiency**

S No.	Deficiency

*Cherice Conway*  
 \_\_\_\_\_  
 Provider's Signature