

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

Michael Whelan

Provider's Signature

S No.	Deficiency	Name of Teacher / Room #	Age of Children	Number of Children	Number of Staff
23	[Faint text]	[Faint text]	[Faint text]	[Faint text]	[Faint text]
24	[Faint text]	[Faint text]	[Faint text]	[Faint text]	[Faint text]

S No.	Deficiency	Name of Teacher / Room #	Age of Children	Number of Children	Number of Staff

S No.	Deficiency	Name of Teacher / Room #	Age of Children	Number of Children	Number of Staff