

|                    |  |
|--------------------|--|
| Number of Children |  |
| Number of Staff    |  |

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| S No. | Questions | Answer | Comments |
|-------|-----------|--------|----------|
|       |           |        |          |

4. Ad Hoc Deficiency

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

  
 Provider's Signature