

Number of Children	Observed
Number of Staff	

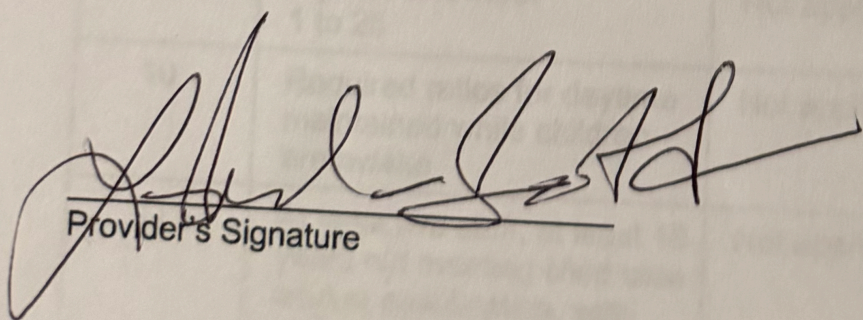
S No.	Questions	Answer	Comments

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
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Provider's Signature