

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

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S No.	Questions	Answer	Comments

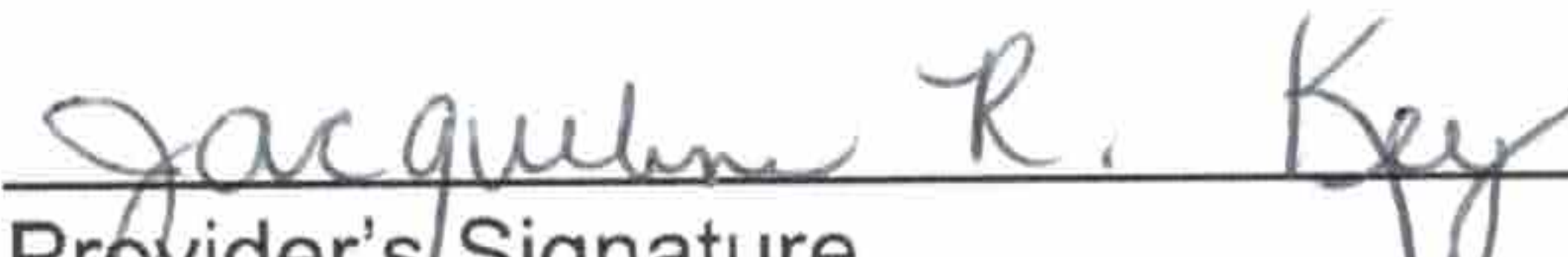
Name of Teacher / Room #	
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S No.	Questions	Answer	Comments

4. Ad Hoc Deficiency

S No.	Deficiency
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 Provider's Signature