



RECORD OF OBSERVATIONS

Incomplete record of observations will not be accepted as meeting the requirement. **PLEASE PRINT.**

First and Last Name of the Individual Completing the Observations			
Name of the Individual's Work Site Facility (exactly as it appears on the license)			License #
Street Address of Work Site Facility	City	Zip Code	County

REQUIREMENT: Complete five observations for 2.5 hours each for a total of 12.5 hours. All parts of the day should be observed (morning, lunch, nap, play). Observations are not to be made at the work site or at a facility owned by the individual observing.

1. Primary care providers **completing the requirements for a for a Licensed Day Care Home** may complete observations in a Licensed Day Care Home or Group Day Care Home or Licensed Child Care Center that has been in continuous operation for 3 or more years.
2. Primary care providers **completing the requirements for a Licensed Group Day Care Home** may complete observations in a Group Day Care Home or Licensed Child Care Center that has been in continuous operation for 3 or more years.
3. Staff completing requirements for a **Child Care Center, Preschool, Head Start Program or School Age Program for a unit (or) facility with fewer than 13 children** may complete observations in a Licensed child care facility with children of the same age as enrolled in present facility.
4. Staff completing requirements for a **Child Care Center, Preschool, Head Start Program or School Age Program for a unit (or) facility with up to 24 children** may complete observations in a Licensed Child Care Center, Preschool, Head Start Program or School Age Program.

RECORD OF OBSERVATION - All blanks must be completed.

Name of Observation Site and License Number	Date of Visit	Age of Children or Youth Observed	Begin & End Time of Observation	Signature of Teacher Observed

I attest, under penalty of perjury, that the information completed on this form is true and correct.

Signature of Individual Completing Observations	Date Signed (MM/DD/YYYY)
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