MY CHILD CARE DC

Investigation Report

District of Columbia Office of the State Superintendent of Education

OSSE

Facility Information

Facility Name					
License Number		**Investigator Assigned**			
Point of Contact				**Date Reported**	
Phone		**Fax**		**Incident Date**	
Address				**Authorized Capacity**	

Investigation Summary

Deficiencies

Investigation Date	Deficiency Code	Deficiency Type	Status	Corrective Action Taken	Correction Date