

Investigation Report

District of Columbia Office of the State Superintendent of Education



Facility Inform	ation					
Facility Name						
License Number	Inves	stigator Assigned				
Point of Contact		Date Repor	ted			
Phone	Fax	Incident Da	ite			
Address		Authorized	Capacity			
Investigation Summary						

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