



Date

Name of Provider/Center

Street Address

San Francisco, CA Zip

Dear Name of Provider/Center,

This letter is to confirm the following observation at your site:

Date: Tuesday, July 17, 2012

Observation Time: 8:30 am (observer arrives 10 min before start time)

Observer name: Name of Observer

Provider name: Name of Provider

During my visit I will observe the children's activities and experiences with their caregivers as well as the physical environment. After the observation depending on her/his availability, I will meet with the provider to briefly ask a few questions about program policies and general program activities.

Enclosed with this letter is a poster/flyer that can be posted at your site to inform parents and other staff of the observation. Additionally, this poster displays my photograph so that I may be easily identified at your site.

Enclosed you will find materials that provide information and guidance on hand washing, sanitation procedures, diapering, and the interview questions I will be asking during the provider interview.

The information obtained through this observation will be used to complete the rating scale on behalf of [FUNDER NAME]. You will receive a report summarizing ratings. Should you have any questions please contact us at 415.615.3494.

Thank you very much for your time,

Name of Observer

Program Quality Review Assessor

San Francisco Quality Connections at WestEd