

## Anganwadi Centre Visit by Inspecting Officer / Assessment Report

### Inspecting Date:

Name of the Inspecting Officer:

Designation of Inspecting Officer:

Name of the Mandal:

Name of the Sector:

Name of the Anganwadi Centre:

Name of the Supervisor:

Name of the ICDS Project:

Name of the CDPO:

	Enrolled	Attended	Absent
Total Children			
Total Pregnant Women			
Total Lactating Women			

### Observation Made:

1. Whether All Pre School Children Attended : Yes / No
2. Whether All Records & Registers are Updated : Yes / No
3. Whether Pre School Children Appearance is Good : Yes / No
4. Whether Pre School Children are following good Good Habits in Anganwadi Centre : Yes / No
5. Whether Food is Served to Children : Yes / No
6. Whether Mothers are Participated in Anganwadi Centre Services : Yes / No
7. Whether Providing Spot Feeding for Pregnant / Lactating Mothers : Yes / No
8. Whether AWW Maintaining Growth Monitoring / Nutritional Status : Yes / No
9. Whether Pre School Syllabus Followed : Yes / No
10. Whether Response of Pre School Children with Syllabus is Good or Not : Yes / No
11. Whether AWC & Surroundings are Clean or Not : Yes / No
12. Whether Drinking Water & Toilet Facilities are Provided in Anganwadi Centre : Yes / No

**Overall Shortfall Noticed:**

**Suggestive Measures:**

**Immediate requirements if any:**

**Remarks:**

Inspecting Officer Name :

Designation :

Signature :

Date :