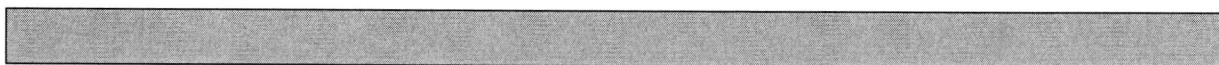


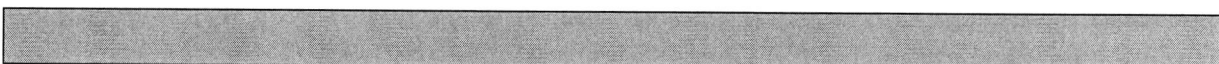
3. Classroom Checklist

| | |
|---------------------------------|--|
| Name of Teacher / Room # | |
| Age of Children | |
| Number of Children | |
| Number of Staff | |



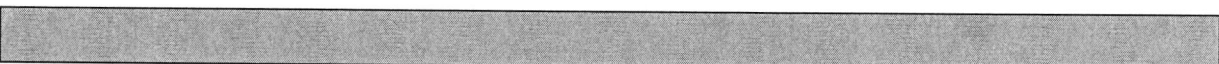
| S No. | Questions | Answer | Comments |
|-------|-----------|--------|----------|
| | | | |

| | |
|---------------------------------|--|
| Name of Teacher / Room # | |
| Age of Children | |
| Number of Children | |
| Number of Staff | |



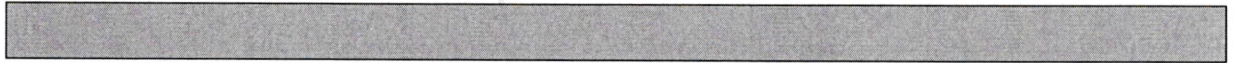
| S No. | Questions | Answer | Comments |
|-------|-----------|--------|----------|
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| | |
|---------------------------------|--|
| Name of Teacher / Room # | |
| Age of Children | |
| Number of Children | |
| Number of Staff | |



| S No. | Questions | Answer | Comments |
|-------|-----------|--------|----------|
| | | | |

| | |
|---------------------------------|--|
| Name of Teacher / Room # | |
| Age of Children | |
| Number of Children | |
| Number of Staff | |



| S No. | Questions | Answer | Comments |
|--------------|------------------|---------------|-----------------|
| | | | |

| | |
|---------------------------------|--|
| Name of Teacher / Room # | |
| Age of Children | |
| Number of Children | |
| Number of Staff | |



| S No. | Questions | Answer | Comments |
|--------------|------------------|---------------|-----------------|
| | | | |

4. Ad Hoc Deficiency

| S No. | Deficiency |
|--------------|-------------------|
| | |

Brenda Gamble
 Provider's Signature