Is at least one (1) daily meal provided that meets state and federal guidelines for young children.

- **YES** or **NO**

Are all children were offered vision/hearing screening within 45 days of enrollment.

- **YES** or **NO**

*If no, provide date of scheduled screening:*

- **____________________**

*Schedules, if they are not in Share Point get a copy.*

Curriculum used: ________________

Daily/Weekly Lesson Plans:

- **YES** or **NO**

Thematic Unit: ________________

Lesson Plans reflect all MDE Standards:

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*Notes on lesson plan:*

List learning centers available:

Library/Books (required): **YES** or **NO**

Math/Manipulatives (required): **YES** or **NO**

Creative Art (required): **YES** or **NO**

Others: **YES** or **NO** (*please list*)

Do children have access to fiction/non-fiction books and writing materials when in learning centers; Mark centers or other centers below that contain these materials (*No specific number, just state what you see)*

- **Library/Books (required):** **YES** or **NO**
- **Math/Manipulatives (required):** **YES** or **NO**
- **Creative Art (required):** **YES** or **NO**
- **Others:** **YES** or **NO**

Physical settings:

- **Room size:** _____x______ sq. ft.
- **Feet to Exit:** ________
- **Feet to Bathroom:** ________

- **Closet locks:** **YES** or **NO**
  *Closet latches are operable by a child from the inside. Note/s:*

- **Safety covers on outlets:** **YES** or **NO**

- **Toilet door locks:** **YES** or **NO**
  *Designed to permit opening of locked door from outside in case of an emergency Note/s:*

- **Is there appropriate child-size furniture in the classroom:**
  - **YES** or **NO**

Outdoor space:

- **Designated area:**
  - **YES** or **NO**

- **Is the area/space shared w/children 6+ simultaneously:**
  - **YES** or **NO**

- **Are there defined boundaries:**
  - **YES** or **NO**

- **Is the area/space developmentally appropriate for 3’s & 4’s:**
  - **YES** or **NO**