Site:	T	Dele	Mon	Monday		Tuesday		Wednesday		Thursday		Friday	
	Teacher:	Date:	Yes		Yes		Yes	No	Yes	No	Yes		
OUTDOOR PLAYGR	OUND AREA CHECKLIST												
Playground is free fro	om needles, glass, and other sharp objects?												
Play area is free from poisonous/hazardous foliage, sharp branches, and thorns?													
Area is free from bee	or wasp nests?												
Are all play equipmer	nt is free from sharp edges or points and bol	ts are tight and not exposed?											
There are no exposed	nails or hooks?												
Playground is free of	possible tripping hazards?												
INDOOR LARGE MC	TOR SKILL AREA CHECKLIST												
Area is free from haz	ardous equipment?												
Toys and equipment	are free of sharp edges or corners?												
Have tripping hazard	s been eliminated?												
Are tricycles in good	working order?												
RESPONSIBILITY O	F THE HEAD START STAFF												
Are cleaning supplies	kept away from food storage and locked o	nly accessible to staff?											
Are sharp edged obje	ects stored out of children's reach?	•											
Is the first aid kit prop	perly equipped and kept in a safe area away	from children?											
Are all electrical outle	ets covered? Check daily.												
If a refrigerator is in t	he room is it cleaned daily?												
Sanitizing solution lo	cked and labeled corretly?												
ITEMS DONE BY CU	STODIAL STAFF (CHECKED BY HEAD STA	ART STAFF)											
All furniture is free of	broken parts, sharp edges, and protruding	nails?											
Are bathrooms and c	leaned and sanitized daily?												
Is garbage and trash	empty daily and covered with a lid?												
ls your classroom vac	cuumed daily?												
Windows and glass a	re in a working order?												
Heating/Cooling syst	ems are in working order?												
Classroom lighting is	in a working order?												
Sand Table area is sw	ept daily?												
MEDICATION ADMI	NISTRATION												
Are all medications u	p-to-date? Locked box in refridgerator? Exp	piration date:											
	the rejected medications policy? (attach co	py of rejected medication form)											
HEALTH & SAFETY	TEAM ASSIGNMENT LIST												
Classroom Sweep													
Nap Time - Count nu	mber of children												
Check different rest a	areas to ensure no child left behind												
Teaching Staff has ch	ecked classroom prior to leaving for the day,	, lights off, windows locked.											
Comments:													
Teacher Signature:													
Teacher Assistant Sig	nature:												