Month:	



SETA Head Start/Program Support Services

Center Health and Safety Checklist

Center: _			

Room:	Loc ID:	Week of:
-------	---------	----------

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
---------	-----------	----------	--------

Daily Checklist (Return completed form through courier to Program Support.)

Initials	am/pm	am/pm	am/pm	am/pm	am/pm
	/	/	/	/	/
	/	/	/	/	/
Initials	am/pm	am/pm	am/pm	am/pm	am/pm
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
Initials	am/pm	am/pm	am/pm	am/pm	am/pm
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
Initials	am/pm	am/pm	am/pm	am/pm	am/pm
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	Initials	/			

Month:	Center:
Comments (Please indicate if a work or	der has been processed for any repairs or replacements and the date of request.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Weekly Checklist

Classroom	Initials
Classroom furniture is clean and maintained in a sanitary condition.	
Medications are kept in a locked box, are labeled, and not expired. Kitchen/Food Preparation Area	
3. Refrigerator is clean and free of expired food.	
Food appliances, (i.e., microwave, food warmer) are clean and operate safely. Restrooms	
Restrooms are used for toileting only and free from storage of other items. Exterior and Playground	
6. Outdoor equipment is clean and moving parts operate correctly and safely.	
Comments (Please indicate if a work order has been processed for any repairs or replacements and the date of requ	uest.)