

PACT – CB HS-EHS
Monthly Health & Safety Checklist - page 1 of 2

Date _____ Completed by _____ Class # _____

- Yes ___ No ___ Emergency Phone Numbers including center name, address, & phone # are posted next to telephone in classroom.
- Yes ___ No ___ Emergency information listed below is located in the Health & Safety Notebook.
Children's Emergency Care forms (matches enrollment)
Release of Children forms (matches enrollment)
Children's Medical Alert (if applicable)
Medication form (if applicable)
Dietary form (if applicable)
"No" to Permission for Publicity (if applicable)
Health History
- Yes ___ No ___ Emergency information listed below is posted on or near the Health & Safety Bulletin Board.
Location Form of emergency information
Classroom Alert List
First Aid Guide - (Infant/Child CPR Skills Card)
Dental Emergency Procedures
Poison Plant Reference
Classroom Safety Activities Grid
Classroom Safety Checklists (monthly & daily)
Classroom Cleaning/Sanitizing Schedule
Center Departure/Pick-up Information
Evacuation Plan
Food Handler or Food Protection Manager for all classroom staff
Substitute Information Sheet.
Feeding Infants Information, if applicable.
- Yes ___ No ___ Soiled toys to be washed & sanitized are placed in a labeled container with lid.
- Yes ___ No ___ Emergency Lights or a working flashlight is available in the classroom.
- Yes ___ No ___ The toilets & hand washing facilities are in working order.
- Yes ___ No ___ Classroom emergency exits are free of equipment, furniture, & clutter.
- Yes ___ No ___ A staff member is assigned to: remove food waste, wipe chairs and sweep floors after meal service.
- Yes ___ No ___ Adequate provisions are made for children who have special needs/disabilities to ensure their safety, comfort, & participation.
- Yes ___ No ___ Classroom & Travel First Aid Kits and Clean-Up Kit are inventoried monthly.
- Yes ___ No ___ A Choke Tube Tester is available in the classroom to identify unsafe toys (under 2 rooms only)

Any "No" identified on this Health & Safety Checklist will be corrected by the teacher or the teacher will contact the Site Supervisor or Education Operations Coordinator. This two sided form is completed monthly.

Medical Forms		Yes	No	NA
1	The <i>Classroom Alert List</i> includes all children with Medical Alerts, Special Diets or Food Allergies, and Medications needed at school. (first name & condition) *****			
	The number of children listed on the <i>Classroom Alert List</i> matches the forms in the Health and Safety Notebook			
2	Medical forms are complete (all blanks are complete, the information is clear and easy to follow).			
3	Medical Alert is signed by a physician then reviewed and signed by parent.			
4	The log on the back of the <i>Medical Alert & Medication</i> form is complete and easy to understand. (if applicable)			
5	Medication is unexpired and labeled with child's name. If the medication is stored in the refrigerator, a sealed container labeled medication is used to store the medication. Note: Refrigerator or container must be child proof.			
6	Key to medication box is labeled and easy to locate.			
7	"Rescue" medications are not locked, but stored out of reach of children.			

The original is forwarded to Site Supervisor. File original in Center Safety Notebook.

Monthly Check by Site Supervisor _____ on _____.