

Monthly Classroom Health and Safety Checklist

Center/Site: _____ Staff: _____ Year: _____

Complete this checklist monthly. Inspect each item listed.	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Emergency information board/display is complete and up to date.												
Classroom Emergency Plan form is updated.												
Disaster Kit is complete and staff know the location.												
All cleaning supplies, flammable and poisonous materials are stored in original, labeled containers in locked cabinets separate from medications and food.												
All medications are stored in original, labeled containers in locked cabinet/container.												
Materials, equipment, furniture are safe, durable and in good condition, and stored in a safe and orderly fashion.												
Expiration dates on all medications are checked.												
Emergency Treatment & Parent/Guardian Consent forms for each child are complete, updated as needed, and are in the First Aid Kit.												
Monthly fire drills and quarterly All Hazard drills are conducted and documented. (Report is posted on classroom emergency board.)												
Dietary restrictions/allergies are posted and updated as needed.												
Working fire extinguisher is readily available; service is up to date.												
Flashlight works, is accessible, and has extra batteries.												
Electrical outlets are covered when not in use or safety outlets are used.												
Smoke detectors and carbon monoxide detectors are checked (FCC)												
First Aid Kit is inventoried and up-to-date. (Complete: <i>Monthly First Aid Kit Inspection Checklist</i>)												
Indoor areas are clean and free from hazardous materials and conditions.												
Outdoor areas are clean and free from hazardous materials/litter.												
Outdoor equipment is in good repair and safe condition (e.g. free of chipping paint, sharp edges and splinters, secured, nuts/bolts tight).												
Outdoor premises have adequate protective surfacing (9-inch depth of wood chips or gravel for 6-foot height)												

Key: Staff person's initials = meets standard * = Improvement needed, complete the checklist on page 2.

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Health and Safety Action Record Checklist

Staff reporting	Condition being reported	Action taken & date	Follow-up action & date	Date condition corrected