

Beanstalk Daily Health and Safety Checklist Month _____ Year _____



Helping Families Grow Healthy Children.

**Health and Safety Checks are to Be Done at the Beginning of Each Day (Initial if compliant)
Include in monthly packet turned into Centers' Manager**

Item	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	
Area is generally clean and sanitary(garbage is emptied, floors and surfaces are clean																									
Bathroom is clean and sanitary and stocked with supplies																									
Toilets and sinks are functioning																									
Broken or unsafe items are removed from space																									
All accessible toys and equipment are in good repair and are suitable and safe for age group served(non-chokable, non-toxic)																									
Sharp objects or tools not safe for children inaccessible(stapler, adult scissors, knives etc.)																									
Areas intended to be inaccessible to children are locked																									
Classroom temperature is between 68-85 degrees F																									
Chemicals, medication and products labeled "keep out of the reach of children" are inaccessible to children"-also check drawers and cabinets that children have access to																									

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Item	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	
Food for staff is either separated from children's food or clearly labeled																									
Chemicals are stored separately from food																									
There are no heavy items stored where they could fall and injure staff or children																									
Entry ways, walkways and exits are clear																									
Trash cans for food or diapers have tight fitting lids																									
There are no cords within children's reach																									
Chimes on doorways are on an functioning																									
Electrical outlets have safety plugs																									
First Aid Kit is available and well stocked																									
List any items that need attention or follow-up below:	Actions Planned(to be completed by Center Supervisor)																								
Date: _____ Issue: _____																									
Date: _____ Issue: _____																									
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