



Certification of Health and Safety Screening

Grant Number: _____

Grantee Name: _____

The signatures below attest that our agency has completed a health and safety screening of each site where children receive Head Start/Early Head Start services, consistent with the terms and conditions of the Notice of Award (NoA).

Our agency commits to maintaining compliance with local, state, and federal health and safety requirements.

Board Chair/Tribal Chair

Date

Policy Council Chair

Date

Head Start Director

Date

Early Head Start Director

Date