

Daily Safe Environments

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| Reviewed |
| By/Date _____ |
| Action Needed <input type="checkbox"/> Not <input type="checkbox"/> |

Classroom: _____ Date and Time of Observation: _____

Observations done by: _____

| YES | NO | N/A | Facilities, Materials, and Equipment |
|-----|----|-----|--|
| | | | Is the facility license posted? |
| | | | Are classrooms well lit, and is emergency lighting available in case of a power failure? |
| | | | Are exits clearly visible and evacuation routes clearly marked and posted so the path to safety outside is unmistakable? |
| | | | Are evacuation routes posted and safety procedures for emergencies (fire or weather-related) practiced regularly? |
| | | | Are emergency bags readily accessible and complete in case of evacuation? |
| | | | Are approved fire extinguishers readily available for staff? |
| | | | Are smoke detectors installed and tested regularly? |
| | | | Are all policies and plans of action for health emergencies requiring rapid response (e.g. choking, CPR) posted? |
| | | | Are locations and telephone numbers of emergency response systems posted? Are up-to-date family contact information printed and consent for emergency care readily available (i.e. ready for any emergency)? |
| | | | Are electrical outlets covered to prevent shock? |
| | | | Are playground equipment and ground surfaces maintained to minimize injury to children? |
| | | | Is water available for the children while they are doing outside activities? |
| | | | Are all cleaning supplies stored away and inaccessible by children? |
| | | | Are all personal items stored away and inaccessible by children? |
| | | | Are children supervised on the way to play areas that are exposed to vehicle traffic? |
| | | | Are all toys, classroom materials, and furniture safe, durable and in good condition? |
| | | | Are all toys made of nontoxic materials and sanitized between classes? |
| | | | Scan the facilities and equipment inside facility and outside. Are there any needed repairs? If YES , please explain: _____ _____ _____ Date Work Order submitted: _____ |

| YES | NO | N/A | Hygiene |
|-----|----|-----|--|
| | | | Do staff, volunteers, and children wash their hands with soap and running water after diapering and toilet use, before food-related preparation or |

| | | | |
|--|--|--|---|
| | | | activity, after hands have become contaminated with blood or other bodily fluids, before and after giving medication, and before and after bandaging a wound? |
| | | | Are hand washing posters posted at eye level for the children? |
| | | | Are first aid kits well supplied, age appropriate, and readily accessible to staff (but not to children) at each facility and while offsite? |
| | | | Are fanny packs packed and accessible for times you exit the classroom for outside activities? |
| | | | Are staff wearing aprons daily and are the aprons cleaned on a regular basis? |
| | | | Are indoor and outdoor premises including bathrooms cleaned daily and kept free of undesirable and hazardous materials and conditions? |
| | | | Is trash and garbage stored and disposed of in a safe, sanitary manner? |
| | | | Are cleaning solutions such as bleach and water mixed daily? * 1/2 Teaspoon of Bleach per 1 Gallon of Water |
| | | | Are toothbrushes stored properly to prevent any spread of germs? |
| | | | Are sleeping cots at least 30 inches apart to avoid spreading contagious illness and to allow for easy access to each child? Is the bedding clean? |

| YES | NO | N/A | Food Safety and Sanitation |
|-----|----|-----|--|
| | | | Do you know where the allergy listing is kept and what children have allergies? |
| | | | Are all applicable Federal, State, local and Tribal food safety sanitation laws met and evidence of compliance, including appropriate licenses and certificates, as appropriate, posted? |
| | | | Food sanitation is ensured in connection with food preparation and handling. Correct temperatures etc... |
| | | | Do all staff wear person protective equipment (aprons, smocks, gloves, etc.)? |

| Active Supervision: Child Count |
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| <p>Double Session Centers:</p> <p>Number of children present at 9:00 AM: _____</p> <p>Number of children present at 11:00 AM: _____</p> <p>Number of children present at 1:30 PM: _____</p> <p>Number of children present at 3:30 PM: _____</p> |
| <p>Extended Day Centers:</p> <p>Number of children present at 9:00 AM: _____</p> <p>Number of children present at 11:00 AM: _____</p> <p>Number of children present at 1:00 PM: _____</p> |