



Classroom Safety Checklist

Center _____

Date _____

Classroom _____

Time: _____

****Nurses will complete this observation monthly****

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Daily Health Log started on each child- documentation appropriate |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Medicine, cleaning materials, detergents are inaccessible to children |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | All electrical outlets are covered, window/door blind cords and exposed wires are secured/ inaccessible to children. No broken furniture or paint chipping in the classroom |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Plastic bags are out of reach of children |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Cribs have appropriate signage and age appropriate blankets/sleep sacks. |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | First Aid Bag stocked with all necessary materials. Flashlight in classroom |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Cleaning product bottles are clearly labeled |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Bleach solutions mixed properly (test strips) |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Bleach Bottles Labeled with today's date |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Allergy List posted appropriately |
| <input type="checkbox"/> N/A | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Corrected on site | Yellow Dots posted appropriately |

Observed:

- | | | | | | | | | |
|-----------------------------|------------------------------|---------------------------|-----------------------------|------------------------------|---------------|-----------------------------|------------------------------|-----------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Handwashing | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Toothbrushing | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Meal time |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Diapering (if applicable) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Transition | | | |

Feedback provided to classroom teachers:

Follow up:

Name of Observer: _____

Signature of Observer: _____

Send copy to Center Manager and Health Team