

SNHS, Inc. Child Development Program  
Center Checklist

Center: \_\_\_\_\_

Month: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Monthly Checklists:**

Fire Drill (date): \_\_\_\_\_ ER Drill (date): \_\_\_\_\_ Type: \_\_\_\_\_

Follow Up: \_\_\_\_\_

Playground Checklist (date): \_\_\_\_\_ Daily checklist in use Yes No

Follow Up: \_\_\_\_\_

Y	N	HR Posters displayed & up to date
Y	N	Emergency Procedures posted; Exits marked
Y	N	Fire Extinguisher inspection up to date
Y	N	Emergency Lighting in place
Y	N	Flashlights in working order
Y	N	Smoke detectors working
Y	N	Carbon monoxide, radon detectors, as needed
Y	N	Refrigerator/Temperature Logs complete
Y	N	Water Temperature Logs complete (110 - <120)

**Classroom :**

Y	N	CR organized & clean
Y	N	Toy/material/equipment check for safety
Y	N	CR free of hazards (tipping, tripping, burns, choking hazards, etc...)
Y	N	Shade & electrical cords secured; outlets covered
Y	N	Cabinets locked as appropriate
Y	N	Cleaning supplies, etc... inaccessible to children
Y	N	CR Schedule & Lesson Plan posted
Y	N	Sign-In Sign-out complete & correct
Y	N	Meal tallies complete & correct
Y	N	Menu posted
Y	N	Family Style Meals followed
Y	N	Reward System in place
Y	N	Bedding properly stored; Infant sleeping areas free of soft bedding
Y	N	Walk through at nap time (date: _____)
Y	N	Toileting areas are clean and in good repair
Y	N	Evacuation materials accessible and up to date; Exits clear
Y	N	Bleach Logs completed
Y	N	Sanitizing schedule followed
Y	N	First Aid Kits stocked
Y	N	Medication Binder Up to Date
Y	N	Medications properly stored/labeled
Y	N	Rescue Medications available

**\*\*Use back of form to address concerns with specific classrooms in multi-sites\*\***

**\*\*File in Center Binder; report concerns in Monthly Site Update\*\***