

Washita Valley Community Action Head Start/Early Head Start

Center Visit Checklist

Center/Room: _____ **Date:** _____

Arrival Time: _____ **Departure Time:** _____

Purpose of Visit: _____

STAFF PRESENT:

Lead Teacher: _____ **Teacher Assistant:** _____

Other Staff: _____ **Number Children Present:** _____

General Appearance of Center	Notes	Follow-up Action Required	Date Completed
Active Child Supervision being implemented.			
Approach/Entry-clean and free of debris.			
Bathrooms clean, supplied and no water on the floor.			
Cell Phone Usage by staff with children present.			
Classroom is clean, organized, and safe.			
Cleaning supplies are in a locked cabinet.			
Current Lesson Plan Posted and Signed.			
Electrical outlets are covered.			
File cabinets are locked.			
Kitchen is clean.			
Meals: Cafeteria-Interaction with children.			
Meals: Family Style being done and interaction with children.			
Playground is clean and safe.			
Staff are interacting with children.			
Staff are interacting with parents.			
Storage area is locked and organized.			

Health & Safety Screener Follow-Up: _____

Concerns (be specific) _____

Description of any Discussion: _____

Manager Recommendations: _____

Staff Comments: _____

Staff Signature

Observer Signature