

MISSISSIPPI COUNTY, ARKANSAS, E.O.C. EARLY CHILDHOOD EDUCATION DEPARTMENT
Facility Monitoring Checklist and Follow-Up Notes

Center _____

Classroom _____

Teacher _____

Coordinator _____

Date/s of Monitoring _____

	Yes	No	Comments⊗ If no, please provide a detailed description)	Follow Up and Date/s: (Provide a detailed description). Write on back or attached additional pages).
1. Is the center/room clean and inviting?				
2. Does the classroom provide at least 35 square feet of usable indoor space per child?				
3. Does the program ensure that sleeping arrangements for infants are free of soft bedding materials (e.g., soft mattress, pillows, fluffy blankets, stuffed animals, comforters)?				
4. Is lighting sufficient and adequate for classroom activities? a. Are there broken light fixtures? b. Are there missing light bulbs?				
5. Are classroom gates in good working condition?				
6. Are medications labeled and stored under lock and key and refrigerated if necessary?				
7. Are provisions made to ensure the safety, comfort, and participation of children with disabilities?				
8. Does the program provide sufficient equipment, toys, materials (including diapers and wipes), and furniture to				

meet the needs and facilitate the participation of children and adults?				
9. Are toys, materials, and furniture age appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities?				
10. Are all cabinet doors secured tightly with approved safety locks?				
11. Are all floor tiles in good condition? (i.e. look for cracked tiles and dirty floors)				
12. Are carpets/area rugs clean with no frayed edges and not a tripping hazard? Glider/sofa and chairs clean and do not have broken legs or backs, etc.?				
13. Are children's and staff's tables and chairs clean? (Examine tables closely – make sure there is no dirt or residue on top, on legs and underneath, etc.)				
14. Are toys and dolls clean (i.e. free from dirt and grime)? (Check shelves, cribs, etc.) Discuss condition w/ teachers and Center Operations Specialist.				
15. Are toys sanitized regularly? (Check posted sanitized schedule and its accuracy)				
16. Is garbage removed as needed? (Check the posted schedule) If not, where is it located?				
17. Did volunteers, staff, and children wash their hands with soap and running water? (How long?)				
18. Are toilets and hand washing facilities adequate, clean, in good repair, and easily reached by all children?				

19. Are toileting and diapering areas separate from areas used for eating and children's activities?				
20. Are nonporous (e.g., latex) gloves worn by staff who come into contact with spills of bodily fluid (e.g., urine, feces, saliva, nasal discharge, eye discharge, or any fluid discharge)? Are spills cleaned up immediately and all exposed areas cleaned and sanitized?				
21. Did staff practice proper sanitation and hygiene procedures for diapering? EHS: Are diapers, disposal training pants, wipes provided? (Observe staff diapering children.)				
22. Is adequate lighting available in the case of a power failure? (Please specify the type of lighting provided.)				
23. Is there a fire extinguisher available and easily accessible? Is there a service date on the fire extinguisher showing that it has been updated at least monthly and annually?				
24. Are exits clearly visible and evacuation routes clearly marked and posted so that the path to safety outside is unmistakable? (Where are they located?)				
25. Are the appropriate number of smoke detectors installed and is there documentation showing that the smoke detectors are tested regularly?				
26. Are electrical outlets that are accessible to children designed to prevent shock through the use of covers, installation of child-protection outlets, or the use of safety plugs?				

<p>a. Are there any exposed wires? (Is there wire casing used?)</p> <p>b. Is there duct tape used to cover wires or other equipment?</p> <p>c. Are exposed cords out of the reach of children and covered with tubing of some sort?</p>				
<p>27. Is painting needed at this time? Are walls free of chipped paint?</p> <p>a. Are the walls free from dirt and grime?</p> <p>b. Are the walls free of chipped paint?</p>				
<p>28. Are all cords/strings removed from bags or other items?</p>				
<p>29. Are all mini blinds in good condition with no cords or broken pieces exposed, and are they out of reach of the children? Are the mini blinds free of dust and dirt?</p>				
<p>30. Are ceiling tiles in good condition with no leaks, stains, or cracks?</p>				
<p>31. Are windows and glass doors adjusted to prevent injury to children? Are there any cracks or broken pieces?</p>				
<p>32. Is furniture secured (i.e. shelves) to prevent injury?</p>				
<p>33. Are all heating /cooling systems secured and in good working condition? Are air conditioner power cords out of reach from children?</p>				
<p>34. Are emergency evacuation routes and other safety procedures (i.e. fire, tornado, etc.) posted in the classroom? Where are they located?</p>				
<p>35. Is the center free of air pollutants, including smoke, lead, pesticides and herbicides, as well as soil and water</p>				

pollutants? (Check for documentation (i.e. work orders, etc.)) Observe shelves and cabinets; interview Center Operations Specialist and teachers; and document the interview.				
36. Are all buildings sprayed for pest when children are not present? (Check for documentation (i.e. work orders, etc.))				
37. Is the building smoke free and is it posted?				
38. Does the exterior of the building need repairs? (Walk outside and observe the building: front, back and sides, check roof, flashing on the edge of the roof, paint, and down spouts, etc.)				
39. Are all outside vents in place? a. Do they need cleaning? b. Are there any needed repairs?				
40. Licenses: child care, kitchen, etc. up-to-date: Date Issued _____ Expiration _____				

Facility Coordinator: _____

Initial Monitoring Date _____

Center Operations Specialist: _____

Follow-Up Monitoring Date _____

To be completed by Facility Coordinator/ Center Operation Specialist

Facility Checklist Notes:

This section is used to further explain items for initial observations and follow-up activities on the checklist. Please provide a detailed description regarding what was observed, reviewed or heard during the site visit. Indicate the checklist items number (i.e. # 14, etc.) and any additional information:

Facility Coordinator _____

Center Operations Specialist _____

Initial Monitoring Date/s _____

Follow-Up Monitoring Date/s _____