

Center Director Monthly Monitoring Form

Date _____

Circle location

Chipley Walton Westville EHS

Please list date of when the following items were monitored and in the needs correction list findings.

_____ Indoor Premises Checklist _____ Playground Checklist

_____ Cleaning and Sanitizing _____ Periodically Roll Call

_____ Toothbrush Charts _____ Daily Health Checks

_____ Bus Escort Logs _____ Follow-up Health Concerns (every other month)

Description of what is being reviewed

Expected correction date _____ Correction complete date _____

List corrections needed and how the correction was corrected _____

Center Director

Responsible Staff (initial if multiple) Date

_____ HS/EHS Director Initials

Attach what was reviewed during the monitoring to the monitoring form being submitted.