

**Early Head Start/Head Start Teachers  
End of the Month Report  
Health and Safety**

Center \_\_\_\_\_

Month/Year \_\_\_\_\_

**Complete all blanks.** If not applicable, indicate using N/A. Turn in to Health and Safety Coordinator at scheduled time.

**Fire Drills/Shelter in Place**

Number of Fire Drills for the Month	
Dates for each fire drill	
Number of Shelter in Place Drills	
Dates for Shelter in Place Drills	

**Illness, Injury, and Exposures**

Number of injuries	
Number of illnesses	
Number of Exposures	

**\*Please make sure to attach monthly report of all illnesses, injuries, and exposures.**

**Child Abuse and Neglect**

Number of Suspected Child Abuse and Neglect Reports Recorded for the Month*	
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**\*Please make sure to attach a copy of the report to be filed.**

**Daily Health Checks (Staff and Students)**

Please make sure to attach copies to EOM form to be file.

**Daily Playground and Classroom Safety Checks**

Please make sure to attach copies to EOM form to be filed.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_