

Shasta Head Start Child Development, Inc.
Child Supervision Monitoring Checklist

Center: _____ Classroom: _____

Supervisor: _____ Date: _____

The number of children in attendance matches the number on the white board and the child sign-in/out log:
Yes No

Comment

Staff are using the following supervision strategies:

Zoning: Yes No

Scanning: Yes No

Verbal communication: Yes No

Comment

Head Counts (counting children) are being conducted by two staff members to verify the number of children in attendance and that the count matches the number on the white board upon arrival, departure, and before and after transitions. Observe at least one transition.

Yes No

Comment

There is direct supervision of children in the bathroom:

Yes No

Comment

Adult/Child ratios are maintained:

Yes No

Comment

State the plan of action for any areas checked No or if any concerns were identified. The plan must include daily or weekly monitoring using the Child Supervision Monitoring Checklist by the supervisor until the issue is no longer a concern. Notify the Area Manager regarding the issue and plan immediately.

Area of Concern	Plan of Action	Responsible Person	Date Completed