

Sequatchie Valley Head Start

Attach completed form to the monthly report.

Closing Documentation Center name _____

The following have been completed prior to setting the alarm and locking all outside doors at the end of the day.

Turn off all copy machines (leave on if it is your fax machine), computers and monitors. Heat or air adjusted for the night (suggested 64 degrees in winter and 76 degrees in summer).

Visual inspection of the outside play area, all children and adult bathrooms, parent room, kitchen, pantry, work room, storage areas, offices, classrooms, as well as a final inspection of the bus(es). * The closing individual signs below to verify. Note any additional items specific to your center (for example coffee makers)

MONTH _____

Record Sat., Sun., Holiday, No Children when applicable.

1 _____	16 _____
2 _____	17 _____
3 _____	18 _____
4 _____	19 _____
5 _____	20 _____
6 _____	21 _____
7 _____	22 _____
8 _____	23 _____
9 _____	24 _____
10 _____	25 _____
11 _____	26 _____
12 _____	27 _____
13 _____	28 _____
14 _____	29 _____
15 _____	30 _____
	31 _____

*This is in **addition** to your 3rd party signed check off.