WCMCA Head Start
Family Event Form

Date:

Start &
End Time:

Location:

List each FES this event counts for and the total adults in attendance for each FES:

How did you notify parents of this event?

_____

☐ Safety checklist completed

1302.47(1)(ii)-(viii)Safety Practices: for socialization sites in the home-based option as referred to by 1302.22(d). All facilities where children are served, including areas for learning, playing, sleeping, toileting and eating are at minimum:

*Prior to each event, inspect each item at site location to ensure safety.

- Clean and free from pests
- Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety
- Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and other safety hazards
- Well lit, including emergency lighting
- Equipped with safety supplies that area readily accessible to staff, including fully-equipped and up-to-date first aid kits and appropriate fire safety supplies
- Free from firearms or other weapons that are accessible to children
- Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating or children's activities

Staff Notes:

Developmental Observation Topic (DOT for EHS)/Topics/Activities:

Center/Program Updates and Planning for next Family Event:

☐ **Policy Council Report or Summary as Presented**

Elected Policy Council Representative/Alternate from your site:

Date of Policy Council Election:

Clear Form