Community Action Team

CHILD & FAMILY DEVELOPMENT PROGRAMS

Health & Safety Log

Center: _____ Year: _____

Date	Define Issue/Concern	Describe Planned Action	Source/Name of Person Reporting Issue/Concern	Projected Correction Date	Person Responsible for Initiating Action	Date Corrected	CM's Initial to Verify Completion

Log health and safety issues/concerns on this form from all sources when identified and enter the date that corrective action was taken. Safety & Nutrition coordinator will review Form 3-43 on site visit. Any item that is a maintenance need by CAT must to be added to the Google excel sheet.

Updated: 07/26