Clear Form

Print Form

MONTHLY CHILD AND YOUTH PROGRAMS OUTDOOR SAFETY CHECKLIST

Program/Center	Classroom Number

When evaluating your area, be sure to look at the environment from the child's age perspective as well as program type.

Person(s) Completing Inspection (Name & Initials)	Classroom # & Name of Room Lead	Type of Room/Age Group	Week of Inspection
1. 2.			

Conditions to be Reviewed	Initials	Date of Check	Corrective Actions Needed	Date of Correction
1. There are no tripping hazrds (i.e. exposed footing on anchoring devices, rocks, roots, or any type of environmental obstacle in the play area).				
2. Clearance (fall) zones around swings and slides are easily identified or clearly marked (see CPSC Handbook for Playground Safety, Chapter 5).				
3. Riding toys, strollers, buggies, and tricycles are in good operating condition.				
4. Ground surface is smooth and even without tripping hazards and free of drains, culverts, holes, and any other hazard.				
5. There are no toxic or poisonous plants and plants must be labeled.				
6. Trash removal, pest control, general maintenance of facility and grounds is maintained. Grassy areas are routinely maintained and free of weeds and other debris.				
7. There are no flammables, combustibles, or other harmful materials in the facility to include the mechanical room. If flammable materials are stored in outside sheds, they must be in appropriate storage lockers.				

COMMENTS

Signature - indicates that all corrective action(s) have been taken	DATE