Clear Form

Print Form

MONTHLY CHILD AND YOUTH PROGRAMS INDOOR 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)	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. Electrical wires on equipment and power strips are not frayed.				
2. Tap water temperature does not exceed 110 degrees Fahrenheit.				
3. All windows that open have permanent screens attached.				
4. Regular light fixtures are maintained to ensure good visibility in each room.				
5, Emergency lighting equipment works properly.				
6. First Aid kit supplies are stocked and restocked after each use according to DLA Form 1860.				
7. Verify that fire extinguishers have been checked by base fire officials.				
8. Floors are dry and floor coverings are securely fastened.				
9. Janitor's closet is well maintained without clutter; and the door is locked at all times when the closet is not being used.				
10. Mechanical Room is well maintained without clutter and the door is locked at all times.				

CENTER MANAGEMENT REVIEW This document is reviewed on a weekly basis

COMMENTS

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