



Monthly Indoor/Outdoor Safety Check List

Indoor Areas	Date Checked	Pass/Fail	Comments
Outlets are covered with safety caps.			
Walls, floors (clean), ceiling tiles in good condition. (free of cracks or chipping paint			
Partitions are secured and not able to fall on a child.			
Cleaning supplies, medicine and hazardous materials are out of the reach of the children.			
Toilets and sinks are working and in good condition.			
Diapering table, diaper pail and potty chair are in good condition.			
Kitchen equipment is working and in good condition. Kitchen door closed.			
Animal pens or fish tanks are kept clean.			
<b>Indoor Areas</b>			

All indoor equipment is safely constructed and in good condition. (free of sharp, loose or pointed parts.)				
Furniture arranged so that there is a free passage way to all Exits.				
Door to storage room is closed.				
Well lighted				
Room temperature is between 68-72degrees F				
<b>Vehicle Checklist</b>	<b>Date Checked</b>	<b>Pass/Fail</b>	<b>Comments</b>	
Vehicles are in safe condition including: Tires, blinkers, wipers, horn, brakes, seatbelts, etc.				
<b>Outdoor Area</b>	<b>Date Checked</b>	<b>Pass/Fail</b>	<b>Comments</b>	
Play area is well drained and free of standing water				
No broken parts are sharp edges, nails, missing parts, rusty parts.				
Sand boxes are covered when not in use.				

Equipment is placed far apart to allow flow of traffic: free of sharp debris.				
No poisonous plants, shrubs or trees.				
Shock absorbing materials such as mulch is under and around playground equipment and maintained.				
Playground is free of trash.				
Free of ropes or hangings that could entrap or tighten on a child.				
No wading pools				
No trampolines				
No chemicals, paints or pesticides products on the playground.				
Playground gate is closed				
Play equipment is appropriate for the age of the children.				
Variety of play surfaces, grass, concrete; shady area sunny area.				

Other Indoor items	Date checked	Pass/Fail	
Check Furnace Filter			
Check Batteries in Carbon monoxide detector			

Learning Days 10/11

Initials of individual completing this checklist \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_