

CHILD DEVELOPMENT SAFETY INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A	Comment/Location
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/stools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PLAYGROUND EQUIPMENT				
Cushioning material under outdoor equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing apparatus free of sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing apparatus secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slides securely anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hooks, rings, links, etc. closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No splintered, warped or deteriorated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gymnastics equipment free of sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

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GROUND AND FIELDS				
Walkways and sidewalks in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sidewalks free from water/dirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field level, free of holes, objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinklers in good condition, not protruding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shrubs/trees hanging over walkways/fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fencing free from sharp corners/edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Railings installed where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INDOOR FACILITIES				
Shelves not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage shelves and bookcases secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required regulatory agency notices posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Only approved toys on premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures posted for responding to emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency assembly area posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MISCELLANEOUS				
Cleaning products secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child release procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate staffing maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All licenses current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

Inspector's Signature

Print Name