

CHILD DEVELOPMENT SERVICES  
FORT HOOD, TEXAS

DAILY FACILITY SAFETY CHECKLIST

1. INTERIOR SAFETY ITEMS.

YES NO

- a. Exits are free of obstructions.
- b. Panic hardware on outside exit doors is in operable condition.
- c. Portable fire extinguishers are furnished in adult accessible locations.
- d. Telephone is operable for use in emergencies.
- e. Walls/Woodwork is free of chipping/peeling paint in the facility. (If "NO", indicate location of paint problem):  
\_\_\_\_\_  
\_\_\_\_\_
- f. All windows have screens and are fastened.
- g. Floors are free from protrusions, holes or splinters and are in good condition. (If "No", indicate location of problem flooring):  
\_\_\_\_\_  
\_\_\_\_\_
- h. Hazardous substances and equipment i.e. matches, power tools, scissors, detergents, solvents & cleaning supplies are kept in a locked area.
- i. Flammable, poisonous, or highly caustic materials are not stored in the facility.
- j. Current emergency telephone numbers are posted at each telephone.
- k. Pets are sanitarily maintained.
- l. Toys and equipment are clean, in working order and free of splinters, dangerous protusions. (If "No", indicate problem):  
\_\_\_\_\_  
\_\_\_\_\_
- m. Disaster drill procedures are conspicuously posted throughout the building.
- n. Custodial maintenance of the facility is evident.

2. EXTERIOR SAFETY ITEMS.

- a. Child Proof access hardware to outside play areas is operable.
- b. Parking and play spaces are free of potholes or sink areas.
- c. Surfaces adjacent to or beneath outside playground equipment are free of exposed concrete/asphalt or protusions/sharp objects. (If "No", indicate problem):  
\_\_\_\_\_  
\_\_\_\_\_

YES NO

d. Grounds are adequately maintained; no tall grass/weeds, trash/debris, or snow/ice.  
(If "No", indicate problem):

\_\_\_\_

\_\_\_\_

\_\_\_\_\_

e. Playground sand boxes are maintained and kept free of debris.

\_\_\_\_

\_\_\_\_

f. Dumpsters and outdoor trash receptacles are available and are maintained.

\_\_\_\_

\_\_\_\_

g. Outdoor play equipment is safe, i.e., no splintering, peeling of paint, sharp objects, in working order. (If "No", indicate problem):

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\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. INSTRUCTIONS:

- a. Complete checklist on a daily basis.
- b. Immediate action should be taken to eliminate all safety hazards identified. Corrective action should be documented on this form.

4. CORRECTIVE ACTION:

CDS INSPECTION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_