

## ABCD HEAD START AND CHILDREN'S SERVICES Playground & Outdoor Area Inspection Checklist

Program \_\_\_\_\_ Site \_\_\_\_\_

Playground\_\_\_\_\_

Guidelines for inspections	Equipment Description	Safe Condition Y/N	Recommended Action	Action Taken/ Date
Outdoor play space	Description	1/11		
Does the playground				
provide a minimum of 75 square				
feet of usable outdoor space per child?				
Are outdoor play areas at				
center-based programs				
arranged to prevent				
children from getting into				
both unsafe and				
unsupervised areas?				
Are children exposed to				
vehicular traffic without				
supervision in route to the				
outdoor playground?				
Are there any strong odors/fumes?				
Are children being exposed to				
excess dust? (i.e. abutting				
construction site?)				
Surfacing (min. 6" for 7				
ft. fall height)				
The equipment has				
adequate protective surfacing				
under and 6 feet around it and the				
surfacing materials have not				
deteriorated.				
Are the materials being used safe?				
Can any of the loose material be				
ingested or put in mouth?				
Loose-fill surfacing				
materials have no foreign objects				
or debris.				

Does the building have any			
visible access points for moisture,			
debris, dust or pests? (i.e.			
gaps/cracks in walls or under			
doors, loose vents, Cracked			
windows?)			
Is the playground a safe distance			
from idling cars?			
Is the trash dumpster a safe distance			
from building and playground?			
Leaded Paint			
There are no areas of			
There are no areas of			
visible leaded paint chips or			
accumulation of lead dust.			
General Upkeep of			
<u>Playgrounds</u>			
The entire playground is			
free from miscellaneous debris or			
litter such as tree			
branches, soda cans,			
bottles, glass, etc.			
Trash receptacles are not			
full			
No sign of vandalism.			
Outdoor play area is			
cleaned daily prior to use.			
Evidence of pests/insects near			
playground or around building			
pluggi ound of around building			
Comments:	 1	1	I
Comments.			

Plan of Action needed	
Date	Signature of Reviewer
Date	Signature of Reviewer

Inspected by:

\_Date: \_\_\_\_\_

Health 2010