

PLAYGROUND SAFETY DAILY CHECK

CENTER: _____		_____	_____	
MONTH: _____				
	CHECK			
DAY	COMPLETED	COMPLETED BY	COMMENTS	ACTION TAKEN FOR IMMEDIATE HAZARD
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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24				
25				
26				
27				
28				
29				
30				
31				
Add Center Name				
Add Month and year				
Days are listed in the first column				
check if complete in the second column next to the day of the month.				
Put initials of who completed it in column Completed By				
Comments: if you have any comments about how the play ground looks or if you did not go to the play ground you need to add comments				
what you did for gross motor Example: use Gym, Field Trip, Did not go outside because of rain, snow, ect...				
Action taken: Please give details of who you talked with and when items will be fixed.				