

Educator Name: _____ Date/s: _____

Safety Inspection Morning (Tick when complete)

Barriers installed (age appropriate, child proof, etc.)	CPR charts displayed
All walking surfaces clean, clear, dry & nonslip	Fences safe and secure
Curtain/blind cords out of reach	Garbage inaccessible and lidded
Hot water and chemicals inaccessible	Garden/lawns neat and tidy
Furniture and equipment safe	Sheds locked
Plugs in all power points	Service clean and tidy
Display signs and accessible items in place	No hazardous equipment or thing
Cabinets locked (medicines and knives etc. stored safely)	Side gates locked with key nearby
Emergency exit route clear and accessible	Sandpit clean and animal feces free

Food Consumption Record (A=All / M=Most / S=Some / R=Refused)

↓ Child Name	Breakfast	M/Tea	Lunch	A/Tea	Dinner	Comments

Safety Inspection Afternoon (Tick when complete)

Barriers installed (age appropriate, child proof, etc.)	CPR charts displayed
All walking surfaces clean, clear, dry & nonslip	Fences safe and secure
Curtain/blind cords out of reach	Garbage inaccessible and lidded
Hot water and chemicals inaccessible	Garden/lawns neat and tidy
Furniture and equipment safe	Sheds locked
Plugs in all power points	Service clean and tidy
Display signs and accessible items in place	No hazardous equipment or thing
Cabinets locked (medicines and knives etc. stored safely)	Side gates locked with key nearby
Emergency exit route clear and accessible	Sandpit clean and animal feces free

Resource & Equipment Cleaning Record

Date Cleaned Description of Toys, Resources or Equipment Cleaned

--	--

Educator Signature: _____