**COMMUNITY HEALTH & SAFETY SURVEY – OUTDOOR AREAS**

**\*To be completed by the service provider and signed by the parent before sessions are conducted at this outdoor community site\***

**Child: EI #:**

**Address/Location:**

**Provider: Date of Survey:**

**Please review each item:**

Site is free of obstacles that could cause injuries, such as overhanging tree branches, wires, tree stumps and or roots, rocks, bricks/concrete.

Yes No N/A

Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, screws, etc.).

Yes No N/A

Walkways should be clear or trash and clutter to prevent tripping.

Yes No N/A

Play areas should be clear of debris and small potentially harmful objects.

Yes No N/A

Play equipment is developmentally appropriate.

Yes No N/A

Play equipment is securely anchored.

Yes No N/A

Adequate protective surfacing under/around the playground equipment to help absorb the shock if a child falls.

Yes No N/A

No openings in equipment that can trap a child’s head or neck, such as openings in guardrails or ladders.

Yes No N/A

Elevated surfaces such as platforms and ramps have guardrails to prevent falls.

Yes No N.A

Slides have large decks and handrails at the top.

Yes No N/A

Merry-go-rounds have solid, flat riding surfaces and handholds.

Yes No N/A

**COMMUNITY HEALTH & SAFETY SURVEY – OUTDOOR AREAS (cont’d)**

Sandboxes are clean and void of organic, toxic or harmful material.

Yes No N/A

Public restrooms are available/accessible, clean and are adequately supplied.

Yes No N/A

Public swimming pools used are only those subject to the oversight of Chapter 1

Subpart 6-1 of NY Sanitary code and do not pose a health risk to children.

Yes No N/A

No other physical conditions are potentially hazardous to children during the delivery of services.

Yes No N/A

**Comments:**

**Parent’s Participation in the Survey:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent), was present and participated in the assessment of the Community location where my child will receive EI services, along with my child’s service provider and I agree that my child receive services at this location.

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Signature of Parent Date

**Survey Completed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Provider Date

**Survey Reviewed by:**

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Signature of Program Director Date