MASSACHUSETTS
Department of
Early Education and Care

Maura Healey
GOVERNOR

Kim Driscoll
LIEUTENANT GOVERNOR

Steve Zrike
SECRETARY

Amy Kershaw
COMMISSIONER

PROGRAM CHECKLIST

CHECKLIST TITLE	**Residential Facility Safety and Maintenance**
PROGRAM NAME	
ADMINISTRATOR/DESIGNEE	
TODAY'S DATE	

Programs must complete this checklist monthly and make it available to EEC upon request.

(A) INSPECTIONS

ITEM	NO	YES	CURRENT?	COMMENT
Building Inspection (or Use and Occupancy Permit)	☐	☐	☐	
Health Inspection	☐	☐	☐	
Fire Inspection	☐	☐	☐	
Lead inspection (when applicable)	☐	☐	☐	

(B) SAFETY

Safety Program

ITEM	NO	YES	CURRENT?	COMMENT
Evacuation routes written and posted visibly	☐	☐	☐	
Staff trained on emergency/safety procedures quarterly	☐	☐	☐	
Ongoing emergency/safety procedures evaluation	☐	☐	☐	
Evacuation drills conducted monthly and documented	☐	☐	☐	

Toxic Substances and Paint

ITEM	NO	YES	CURRENT?	COMMENT
All toxic substances and paints locked	☐	☐	☐	
Labeled appropriately as to content and antidote	☐	☐	☐	
Stored away from medication	☐	☐	☐	
Poison control number posted visibly	☐	☐	☐	

Buildings and Grounds

ITEM	NO	YES	CURRENT?	COMMENT
Sanitary, comfortable and safe	☐	☐	☐	
Free of pests, including insects and rodents	☐	☐	☐	
Elevated areas (where a fall can occur) protected	☐	☐	☐	
All exits clearly marked and free from obstruction	☐	☐	☐	
Recreation areas and equipment safe and fenced	☐	☐	☐	
Power tools secured out of reach from residents	☐	☐	☐	
Swim areas tested and secured	☐	☐	☐	
Swim area safety/monitoring plan	☐	☐	☐	
Well water tested	☐	☐	☐	
Smoke detectors (as required)	☐	☐	☐	
Fire extinguishers (as required)	☐	☐	☐	
First-aid kids (as required)	☐	☐	☐	
Safety-proof (as required by 3.08(5)(k))	☐	☐	☐	

(C) PHYSICAL SPACE AND MAINTENANCE

Living Units

ITEM	NO	YES	CURRENT?	COMMENT
Facility accessible to all residents	☐	☐	☐	
Safe, clean and in good repair	☐	☐	☐	
Proper ventilation	☐	☐	☐	
Appropriate living and storage space	☐	☐	☐	
Sufficient individual furniture and storage	☐	☐	☐	
No fire hazards	☐	☐	☐	
Hallways illuminated at night	☐	☐	☐	
Operable windows and screens	☐	☐	☐	
Light fixtures covered	☐	☐	☐	
Appropriate beds/bedding	☐	☐	☐	
Linens washed weekly	☐	☐	☐	

Bathing and Toilet Facilities

ITEM	NO	YES	CURRENT?	COMMENT
Good repair and clean	☐	☐	☐	
Private	☐	☐	☐	
Accessible	☐	☐	☐	
One full bathroom for every six children	☐	☐	☐	
Hot and cold running water	☐	☐	☐	
Mirror present in each bathroom	☐	☐	☐	
Non-slip surfaces in each tub/shower	☐	☐	☐	
Store toiletries, towels, cloths	☐	☐	☐	

Kitchens and Dining Facilities

ITEM	NO	YES	CURRENT?	COMMENT
Sufficient size	☐	☐	☐	
All necessary equipment safe and maintained	☐	☐	☐	
Clean, well-lit, ventilated	☐	☐	☐	
Appropriate furniture, utensils, dishes, no disposables	☐	☐	☐	
All knives and other sharps secured	☐	☐	☐	

SIGNATURE

_____

Program Administrator or Designee Printed Name

_____ _____

Program Administrator or Designee Signature Date