

Facility & Activities Monitoring Checklist — 361J

Date of Program: _____

Name of Program: _____

Location of Program: _____

Name of Employee/Volunteer Leader: _____

Number of Participants: _____

Facility

Emergency evacuation areas and exit routes identified

Emergency procedures communicated to participants

Smoke detectors located

Fire extinguishers located

Inside release doors tested

Comments: _____

Activities

Time of monitoring: _____ am/pm _____ am/pm _____ am/pm _____ am/pm

Initials: _____

Appropriate ratio of employees to children, youth and vulnerable persons for activity. (Appendix 361B No. 13)

Yes No

Comments: _____

Interactions of employees with children, youth and vulnerable persons are appropriate.

Yes No

Comments: _____

Interactions among children, youth and vulnerable persons are appropriate.

Yes No

Comments: _____

Monitoring of Facility and Activities completed by: _____

Comments: _____

Signature of Employee/Volunteer Leader: _____

Date & Time: _____

