



Your program name _____
PROGRAM _____

OPENING & CLOSING 

Opening and closing checklist

Safety items come first on purpose. Initial each line as you do it, not at the end of the shift. If two people split the routine, each initials only their own rows.

DATE	OPENED BY / TIME IN	CLOSED BY / TIME OUT
Opening		Closing
INITIALS		INITIALS
SAFETY SWEEP · BEFORE THE FIRST CHILD ARRIVES		CHILDREN OUT SAFELY
☐ Exits and walkways clear, doors open freely		☐ Every child signed out by an approved adult
☐ Outdoor gates latched, fence and shed secure		☐ Final count matches the sign-out sheet
☐ Playground walked: hazards, standing water, debris		☐ Every room walked, including under tables and cots
☐ Outlet covers on, cords and blind pulls out of reach		☐ Bathrooms and outdoor space checked and empty
☐ Cleaning products and medications locked		
☐ First aid kit stocked, emergency bag by the door		CLEAN AND RESET
☐ Smoke and CO detectors powered, extinguisher in place		☐ Floors swept and mopped, trash and diaper pail out
		☐ Tables sanitized, mouthed toys washed
ENVIRONMENT CHECKS		☐ Bathrooms sanitized and restocked
☐ Hot water at handwashing sinks tested (log below)		☐ Kitchen wiped, food covered and dated, dishes done
☐ Room temperature comfortable, heat or air running		☐ Laundry started or moved to the dryer
☐ Rooms aired out, all lights working		☐ Refrigerator and freezer temperatures logged
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ROOM SETUP		RECORDS AND HANDOFF
☐ Tables and high-touch surfaces sanitized		☐ Daily sheets and photos sent to families
☐ Sanitizer mixed and dated for today		☐ Incidents written up and parents notified
☐ Activity areas set, morning activity out		☐ Supplies running low noted for the order
☐ Cots and cribs in place, bedding clean and labeled		☐ Note left for whoever opens tomorrow
☐ Diapering and handwashing stations stocked		
ARRIVAL READINESS		SECURE AND LOCK
☐ Sign-in sheet and pens out at the entry		☐ Windows closed and locked
☐ Allergy and medication list posted where staff see it		☐ Gates, shed, and storage locked
☐ Staff assignments and ratios posted for the day		☐ Water off, appliances unplugged as required
☐ Breakfast and morning snack ready		☐ Thermostat set, lights off
		☐ Alarm armed, doors locked, keys returned
ADDED FOR OUR BUILDING		ADDED FOR OUR BUILDING
☐ _____		☐ _____
☐ _____		☐ _____
☐ _____		☐ _____

Temperature log Record what your licensor asks you to record.	SINK WATER °F (AM)	FRIDGE °F (AM)	FRIDGE °F (PM)	FREEZER °F	ROOM °F
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ANYTHING TO HAND OFF, FOLLOW UP, OR FIX	REVIEWED BY DIRECTOR
	SIGNATURE _____ DATE _____

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