



**House Assessment**



Resource name		Pre-resource/resource number	
Date completed		County	
Street address	City	State	Zip

**Assess exposure to secondhand smoke.**

1. Is smoking allowed in the house? Yes  No
2. Is smoking allowed in the family's automobile(s)? Yes  No
3. If you smoke, where do you smoke? \_\_\_\_\_
4. What is the plan to prevent exposing a child to secondhand smoke?

**Assess the physical facilities of house for safety hazards.**

1. Are weapons in the household? Yes  No   
If yes, describe how are weapons stored so a child's access will be prevented.

List weapons.

2. Are household cleaning supplies out of reach of a young or vulnerable child? Yes  No
3. Are medicines stored properly and out of reach of a young or vulnerable child? Yes  No

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4. Is there adequate indoor space for play activities? Yes  No
5. Is there adequate and safe outdoor space for play activities? Yes  No
6. Does the interior of the house present any safety or health hazards? Yes  No
7. Does the exterior of the house present any safety or health hazards? Yes  No
8. Are there any traffic hazards due to the location of the house? Yes  No
9. If the house is not on a municipal system for sanitary facilities, is there an adequate toilet and bathing water supply and a safe means for garbage and sewer disposal? Yes  No
10. Are there safety issues related to the bathroom, such as leaky faucets, hot water drips, and open-faced heaters? Yes  No
11. Is there an emergency evacuation plan in the event of a fire, tornado, or flood? Yes  No
12. Are emergency numbers posted by the phone? Yes  No

**Does the house have:**

13. at least one working smoke detector in the vicinity of the sleeping areas? Yes  No   
Where is it located? \_\_\_\_\_
14. a working fire extinguisher in the kitchen area? Yes  No
15. electrical outlets with covers or other safety features where age or developmentally appropriate? Yes  No
16. clear glass doors plainly marked to avoid accidental impact? Yes  No
17. stairs or steps? Yes  No   
If yes, are guards or rails present for four or more steps? Yes  No   
If yes, are safety gates used at stairways for the child(ren) less than four years of age? Yes  No
18. a fireplace? Yes  No   
If yes, does it have a screen or other safety feature? Yes  No
19. a woodburning stove? Yes  No  Other safety feature?   
If yes, does it have a screen, guard or
20. a floor furnace or wall heater? Yes  No   
If yes, does it have a screen or other safety feature? Yes  No
21. an open-faced space heater? Yes  No   
If yes, does it have a screen, auto cut-off feature, guard, or other safety feature? Yes  No
22. a swimming pool or pond? Yes  No   
If yes, how is a child's protection and safety ensured?
23. a pet(s)? Yes  No   
if yes, how is a child(ren)'s protection and safety ensured? Include information on the type of pet(s), date last rabies vaccinations given, pen(s), and cages(s).

Describe the pet's history of behavior around children.

24. other safety issues? Yes  No   
Specify:

**Does the family have a working phone?**

Area code	House	Area code	Cell	Area code	Work
Emergency contact name				Area code	Phone

**Does the family have a working automobile with state-mandated liability insurance?**

Name of automobile owner	Insurance company	Expiration date
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**Assess the family's sleeping arrangements.**

Number of bedrooms in the house: \_\_\_\_\_

Bedroom	Who sleeps or will sleep in each of the bedrooms?
1	
2	
3	
4	
5	

- Will all members of the household sleep in a bedroom? Yes  No   
If not, explain where each person will sleep.
- Is an individual bed available for each of the children to be placed in the home? Yes  No
- Are the bedrooms well lighted and ventilated? Yes  No
- Does the house have adequate storage for additional children's clothes and possessions? Yes  No
- Does the family have or are they willing to provide age appropriate childcare equipment for a child, such as cribs, high chairs, car seats. Yes  No

**Noncompliance issues(s).** When areas of concern or safety/non-compliance issues are identified, describe the plan, according to action step(s) and timeframe(s) that will correct the deficiencies.

**Comments:**

_____ Applicant mother signature	_____ Date
_____ Applicant father signature	_____ Date
_____ Child Welfare signature	_____ Date
_____ Contractor signature, if applicable	_____ Date