




Date Administered:

OCHIDDS ID #:

Family Name:

Residence Screened:

ENVIRONMENTAL CHECKLIST

YES	NO	SAFETY FIRST	NOTES
		Smoke Detector with working batteries on each floor	
		Carbon monoxide detector with working batteries	
		Chemicals/cleaning supplies locked away from reach	
		Fall/trip hazards are prevented (frayed rugs, broken steps, etc.)	
		Electrical outlets are child-proofed	
		Family uses appropriate child restraints when traveling	
		Windows and doors have appropriate locks	
		Family uses appropriate strategies to prevent child(ren) from drowning	
		All medication/drugs are stored out of reach for the child(ren)	
		There are firearms and other weapons in the home	
		 If YES, the firearms and other weapons are locked away	
YES	NO	CLEANLINESS IS KEY	NOTES
		Garbage is appropriately stored	
		Clutter is removed	
		Peeling or chipping paint is visible	
		Accumulation of dust/dirt inside home	

YES	NO	VENTILATION	NOTES
		Family ensures children live and play in a smoke free environment	
		All windows and doors have working screens	
		Smell of gas/mildew/mold is present	
YES	NO	PEST FREE ENVIRONMENT	NOTES
		Bed bugs or other pests suspected/present	
		Food is properly stored (Including pet food)	
		Standing water is present on the property	
YES	NO	SUMMARY	NOTES
		Conducted education on site	
		Provided education material	
		Mailed educational materials	
		Recommended to referral agency?	
		Recommend follow-up visit?	

Environmental Checklist Guidance Document

Data Field	Instructions
Date Administered	Record date the tool was completed.
OCHIDS ID #	Record the Family's OCHIDS ID #.
Family Name	Record the Family's last name.
Residence Screened	Record where the tool was completed. Example: Home, Apartment, Shelter, etc.
Safety First	
Smoke Detector with working batteries on each floor	Ask or Observe; Record Yes or No *Consider consulting with local fire departments for resources
Carbon monoxide detector with working batteries	Ask or Observe; Record Yes or No *Information and Resources available at: https://www.odh.ohio.gov/odhprograms/eh/healthyhomes/codangers.aspx
Chemicals/cleaning supplies locked away from reach	Ask or Observe; Record Yes or No *Further information and Resources available at: http://www.aapcc.org/ 1-800-222-1222 Poison control
Fall/trip hazards are prevented (frayed rugs, broken steps, etc.)	Ask or Observe; Record Yes or No
Electrical outlets are child-proofed	Ask or Observe; Record Yes or No *Does your program offer outlet covers or consult local fire department
Family uses appropriate child restraints when traveling	Ask or Observe; Record Yes or No *Collaborate with car seat installation programs in your county
Windows and doors have appropriate locks	Ask or Observe; Record Yes or No * Advocate parent present issues to landlord or HUD contact.
Family uses appropriate strategies to prevent child(ren) from drowning	Ask or Observe; Record Yes or No *Information and Resources available at: https://www.cdc.gov/safecchild/drowning/index.html
All medications/drugs are stored out of reach for the child(ren)	Ask or Observe; Record Yes or No *Information and Resources available at: https://www.cdc.gov/features/medicationstorage/index.html

There are firearms and other weapons in the home	Ask or Observe; Record Yes or No
→ If yes, the firearms and other weapons are locked away	Ask or Observe; Record Yes or No
Cleanliness is Key	
Garbage is appropriately stored	Ask or Observe; Record Yes or No
Clutter is removed	Observe; Record Yes or No *Best judgement on definition of clutter
Peeling or chipping paint is visible	Observe; Record Yes or No *Information and Resources available at: http://www.odh.ohio.gov/odhprograms/eh/lead_ch/leadch1.aspx
Accumulation of dust/dirt inside home	Observe; Record Yes or No
Ventilation	
Family ensures children live and play in a smoke free environment	Ask or Observe; Record Yes or No * If you have completed the 5As prior or recorded smoking habits in a Progress Note, you will know this answer.
All windows and doors have working screens	Ask or Observe; Record Yes or No * Important question regarding Zika cases. Resources and information can be found at: https://www.odh.ohio.gov/odhprograms/bid/zdp/diseases/zika.aspx
Smell of gas/mildew/mold is present	Observe; Record Yes or No *Information and resources on mold: https://www.epa.gov/mold
Pest Free Environment	
Bed bugs or other pests suspected/present	Observe; Record Yes or No *Information and Resources available at: https://www.cdc.gov/parasites/bedbugs/
Food is properly stored (Including pet food)	Ask or Observe; Record Yes or No
Standing water is present on the property	Ask or Observe; Record Yes or No * Important question regarding Zika cases. Resources and information can be found at: https://www.odh.ohio.gov/odhprograms/bid/zdp/diseases/zika.aspx

Summary	
Conducted education on site	Record yes if you spend time discussing any issues you recorded with the family. Example: Cleaning products were left out, and you spent time explaining why it is important to lock them away.
Provided education materials	Record yes if you brought information to the visit with you and left it with the family. Example: Left a pamphlet on car seats and travel equipment.
Mailed education materials	Record yes if you mailed information or materials based on concerns from this tool to the family after your visit was over. Example: Mailed information on Zika to family based on standing water on property.
Recommended to referral agency?	Record yes if you made a referral based on your concerns from this tool.
Recommend follow-up visit?	Record yes if you will conduct a follow-up Environmental Checklist after any referrals are carried out.