

ENVIRONMENTAL HEALTH CHECKLIST

Facility Name	Facility Address	Telephone No.
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	YES	NO	N/A
1. Home and grounds are kept clean and free of hazards to children	<input type="checkbox"/>	<input type="checkbox"/>	
2. Kitchen and all food preparation, storage, and serving areas are kept clean.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. Perishable food is refrigerated or safely stored in other ways.....	<input type="checkbox"/>	<input type="checkbox"/>	
4. Home has an adequate supply of water that meets the standards for drinking water of the Texas Department of Health. If a private well is used, the Texas Department of Health or local health department must be consulted if any problems arise.....	<input type="checkbox"/>	<input type="checkbox"/>	
5. Home has an adequate, safe sewage disposal system. If a private sewage disposal system is used, the Texas Department of Health or local health department must be consulted if any problems arise.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. Plumbing appears to be in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	
7. Home has hot and cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. There is at least one toilet, lavatory, and bathtub or shower inside the home.....	<input type="checkbox"/>	<input type="checkbox"/>	
9. Bathrooms are kept clean.....	<input type="checkbox"/>	<input type="checkbox"/>	
10. Soap and toilet paper are available in the bathrooms at all times.....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Each child has a clean towel available, or paper towels are available	<input type="checkbox"/>	<input type="checkbox"/>	
12. Garbage is removed at least once a week.....	<input type="checkbox"/>	<input type="checkbox"/>	
13. Garbage is kept in metal or plastic containers with tight fitting lids in an area away from the children.....	<input type="checkbox"/>	<input type="checkbox"/>	
14. The home is kept free of insects, mice and rats.....	<input type="checkbox"/>	<input type="checkbox"/>	
15. The yard is well drained, with no standing water	<input type="checkbox"/>	<input type="checkbox"/>	
16. The yard is kept free of garbage and trash.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. The house is adequately ventilated and free from bad odors	<input type="checkbox"/>	<input type="checkbox"/>	
18. Windows and outside doors kept open for ventilation are screened.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Cleaning supplies, insect sprays, medicines, and other materials that can harm young children are kept where children under age 8 and children for whom these items might present an unusual danger cannot reach them	<input type="checkbox"/>	<input type="checkbox"/>	
20. Accessible electric outlets in rooms used by children under age 8 and children for whom these outlets might present an unusual danger are safety outlets or have child-proof covers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Electric fans are securely mounted where children under age 8 or children for whom these items might present an unusual danger cannot reach them, or have guards which keep children from touching the fan blades.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Outdoor steps are not slippery. Porches, railings, playhouses, and other wooden structures do not have splinters	<input type="checkbox"/>	<input type="checkbox"/>	
23. Indoor floors and steps are not slippery, and are kept dry when children are using them. Wood surfaces and objects do not have splinters	<input type="checkbox"/>	<input type="checkbox"/>	
24. Glass doors are marked at a child's eye level to prevent accidents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Signature	Title	Date
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FIRE SAFETY CHECKLIST FOR ADOPTIVE HOMES

Adoptive Home Name	Home Address	Telephone No.
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	YES	NO	N/A
1. Is a working smoke detector installed in each sleeping room?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is a working smoke detector installed in the hallway near the sleeping rooms?	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the house is more than one story, is a working smoke detector installed at the top of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does each sleeping room and living area have at least one of the following secondary means of escape, other than the front or back door of the home? A.) A door, stairway, passage, or hall providing unobstructed travel leading directly to the outside of the dwelling; or B.) An outside window with a minimum opening of not less than 5.7 sq. ft. in area, minimum of 20 inches wide, and at least 24 inches high, and no higher than 44 inches above the floor, located within 20 ft. of outdoor space accessible to the fire department apparatus; or C.) A non-locking door into an adjoining room that has a means of escape described in A or B above	<input type="checkbox"/>	<input type="checkbox"/>	
5. Can a person travel from any room of the house to an exit that leads directly outside without having to pass through an interior door that can be locked?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Can all primary exterior exit doors, windows used as a secondary means of escape, and any security bars incorporated with these primary and secondary means of escape, be opened from the inside without the use of a key, tool, or special knowledge (security code, combination)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are the closet doors equipped so that a child can open the door from the inside?	<input type="checkbox"/>	<input type="checkbox"/>	
8. If the bathroom door is equipped with a lock, can the door be unlocked from the outside during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can all bedrooms and/ or living areas above the first floor be accessed by a set of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all gas, wood, or fuel-fired heaters used in the home, vented to the outside? (unless listed and approved, see Foster Family Home Fire Safety Evaluation Checklist #12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are heaters, including wood burning gas log fireplaces, equipped with screens or barriers to prevent contact with open flames or hot surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are gas appliance (heaters, water heaters, stoves) equipped with metal tubing and metal connectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have all gas-fired heaters been inspected annually by a qualified technician? Obtain copy, Date inspected: _____ Or, does the home have at least one working carbon monoxide detector on each level of the home located within 10-15ft of each sleeping area? Are the carbon monoxide detectors installed according to the manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are combustible items (things that burn) stored away from any stove, heater, or fire place?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are all lighters and matches kept out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are flammable liquids stored in safety cans and kept away from heat and children?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there an operable dry-chemical fire extinguisher available for use in the kitchen? Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
18. Does the electrical system appear to be in good condition (no exposed wires, lights are in working order and not flickering, and outlets and switches feel cool to the touch)?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Does the family have an evacuation plan for emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are extension cords used properly (not run under rugs, not hooked over nails, not overloaded)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the home free of obvious fire and safety hazards?	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS:

CORRECTIONS COMPLETED (IF APPLICABLE):

Name of Individual Conducting Inspection		
Signature	Title	Date

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