

# House Assessment

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Complete the following section to determine if the physical facilities of the home present any safety hazards.**

Are there weapons in the household?  Yes  No  
If yes, are they stored in a locked storage cabinet, room?  N/A  Yes  No  
If no, describe storage:

Are household cleaning supplies out of reach of young or vulnerable children?  Yes  No

Are medicines stored properly and out of reach of young or vulnerable children?  Yes  No

Is there adequate indoor space for play activities?  Yes  No

Is there adequate and safe outdoor space for play activities?  Yes  No

Does the physical structure of the house appear sound?  Yes  No

Does the appearance and cleanliness of the house present any safety or health hazards?  Yes  No

Does the appearance and cleanliness of the yard present any safety or health hazards?  Yes  No

Are there any traffic hazards due to the location of the home?  Yes  No  
If yes, describe them and explain the safety plan.

If the home 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?  N/A  Yes  No

Are there safety issues related to the bathroom, e.g., leaky faucets, hot water drips, open-faced heaters?  Yes  No

Does the home have at least one working smoke detector in the vicinity of the sleeping areas?  Yes  No

Does the home have a working fire extinguisher in the kitchen area or will the family obtain one?  Yes  No

Do the electrical outlets have covers or will the family provide them?  Yes  No

**Please assess the home for the following safety hazards.**

**Does the home have:**

Stairs or steps  Yes  No  
If yes, are guardrails or a safety barrier present?  Yes  No

Fireplace  Yes  No

If yes, does it have a screen or other safety feature?  Yes  No

Woodburning stove  Yes  No  
 If yes, does it have a screen, guard or other safety feature?  Yes  No

Floor furnace  Yes  No  
 If yes, does it have a screen or other safety feature?  Yes  No

Open-faced space heater  Yes  No  
 If yes, does it have a screen, auto cut-off feature, guard or other safety feature?  Yes  No

Swimming pool or pond  Yes  No  
 If yes, what is the safety plan?

Pets  Yes  No  
 If yes, how is a child's protection and safety assured?  
 Attach information on vaccinations, pens, cages:

Other Safety Issues  Yes  No  
 If yes, please specify:

**Does the family have a working phone?** Area Code: \_\_\_\_\_  Yes  No  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

If no, do they have access to a telephone?  Yes  No

**Please assess the household's sleeping arrangements.**

1. Does the home have adequate sleeping and spare beds for additional children?  Yes  No
2. Number of bedrooms available for children:
3. Number of beds available for children:
4. Does the home have adequate storage for additional children's clothes and possessions?  Yes  No
5. Does the family have or are they willing to provide age-appropriate child care equipment for a child?  Yes  No  
 (e.g. cribs, high chairs, bottles, car seats)

**Comments:** If areas of concern or non-compliance issues have been identified, discuss the plan in which the deficiencies will be corrected and include the time frame.

\_\_\_\_\_  
**Social Worker or Case Worker**

\_\_\_\_\_  
**Date**