

# Walk-Through Site Assessment Worksheet

For use with In-Home (monthly), Out-of-Home (quarterly), and Reunification Resource Sites (quarterly).

<b>Case Name:</b>		<b>Date:</b>		<b>Address:</b>	
<b>Case Number:</b>		<b>Walk through type:</b>	In-home <input type="checkbox"/> Out-of-home <input type="checkbox"/> Reunification Resource <input type="checkbox"/>		
<b>1. Smoke/Carbon Monoxide/Fire</b>	<b>Working smoke detectors on each level:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *	<b>Working carbon monoxide Detectors:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *	<b>Working fire extinguishers:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *		
<b>Please explain any "No" responses, and include plan if applicable:</b>					
<b>2. Working Utilities</b>	<b>Operable heating system:</b> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/> *		<b>Electricity:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *		
	<b>Running water:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *	<b>Hot water:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *	<b>Flushing toilet:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *		
<b>Please explain any "No" or "N/A" responses, and include plan if applicable:</b>					
<b>3. Food</b>	<b>Working Refrigerator:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *		<b>Adequate and nourishing food:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *		
	<b>Working stove:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> * Other cooking source (please explain) <input type="checkbox"/>				
<b>Please explain any "No" responses, and include plan if applicable:</b>					
<b>4. Sleeping Arrangements</b>	<b>Crib(s) for children 0-2 years old:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>		<b>Safe sleeping discussed/brochure provided for children 0- 2 years old: Date:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>		
	<b>Beds for each child:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>		<b>Sheets, Blankets, Pillows:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *		
<b>Please explain any "No" or "N/A" responses, and include plan if applicable:</b>					
<b>5. Safe Bathing</b>	<b>Safe bathing discussed for children 0-2 years old: Date:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>		<b>Temperature device provided for children 0-2 years old: Date:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>		
<b>Please explain any "No" or "N/A" responses, and include plan if applicable:</b>					
<b>6. House Issues</b>	<b>Infestation:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/>		<b>Structural Problems:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/>		
	<b>Exposed Wires:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/>		<b>Lead:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/>		
	<b>Pet Issues related to Safety:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/> N/A <input type="checkbox"/>		<b>Other sanitation or clutter concerns:</b> Yes <input type="checkbox"/> * No <input type="checkbox"/>		
<b>Please explain any "Yes" responses, and include plan if applicable:</b>					
<b>7. Home Security</b>	<b>Was every room (including basement and attic if applicable) seen and assessed for safety? For congregate care, were all common spaces and the youth's bedroom seen and assessed for safety?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *				
	<b>Are all doors leading outside of the house able to be securely locked from inside the house?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *				
	<b>Are all upstairs windows able to be childproofed (closed, screens, quick-release safety guards; for children 0-5 years old)?</b>				

	Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>
	Is home childproofed (electric outlet plugs, gates at stairs, drawers fastened; for children 0-5 years old)? Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/>
	Please explain any "No" or "N/A" responses, and include plan if applicable:
8.	Are medicines and chemicals properly labeled and stored away from children and youth? Yes <input type="checkbox"/> No <input type="checkbox"/> *
	Please explain "No," and include plan:
9.	a. Are there firearms in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. If yes, are they properly secured away from children and youth? Yes <input type="checkbox"/> No <input type="checkbox"/> *
	Please explain "No" to "b." above and include plan:
10.	Were appropriate vehicle child restraints provided for children 7 years and younger? Yes <input type="checkbox"/> No <input type="checkbox"/> * N/A <input type="checkbox"/> If yes, Date:
	Please explain "No" or "N/A," and include plan if applicable:
11.	Is home accessible to children and youth with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Please explain "No" or "N/A," and include plan if applicable: s
12.	If there is no land line telephone, what is the emergency communication plan? N/A, there is a land line <input type="checkbox"/> . There is no land line, the plan is: *
13.	Were the following resource phone numbers provided or reviewed: Mobile Crisis, Suicide Prevention, Poison Control, Police, Fire, and Drug/Alcohol Prevention. Yes <input type="checkbox"/> No <input type="checkbox"/> * If yes, Date:
	Please explain "No" and include plan:

**\* If the item checked next to the asterisk symbol refers to a kinship, resource, or congregate care site, it will require immediate corrective action by the Community Umbrella Agency or the relevant subcontractor. Children and youth are prohibited from being at the site until the corrective action is completed.**

Name	Title	Date
Signature (if printed out)		