

Division of Developmental Disabilities, Bureau of Quality Management
Environmental Checklist

Date:	Time:	Provider Agency:
Site Address:		<i>Check one</i> <input type="checkbox"/> Agency Controlled <input type="checkbox"/> Individually Controlled
Review Completed by:		

Yes	No	A. Fire Safety – AGENCY CONTROLLED SITES ONLY
		1. Is the means of exit suitable for individuals?
		2. Are smoke detectors present and working?
		3. Are there appropriate designated outside areas for smoking?
		4. Are heaters/radiators a safe distance from objects?
		5. Is there a properly charged and inspected fire extinguisher?
Yes	No	B. Physical/Environmental/Maintenance - AGENCY CONTROLLED SITES ONLY
		1. Are stairs and halls free of obstacles?
		2. Is the outside of house and yard free from hazards and clean?
		3. Are the floors dry?
		4. Are carpeting and rugs secured?
		5. Are all areas in good repair?
		6. Is the area clean?
		7. Are cleaning compounds, pesticides and other chemicals stored properly?
		8. Is the area free of foul odors?
		9. Is the area free from potential electrical shocks; frayed cords, overloaded outlets, water near electrical equipment?
		10. Is there a working telephone?
		11. Is the temperature comfortable in the house?
		12. Are there no more than (8) individuals living in the home?
		13. Are there no more than (2) individuals per bedroom?
		14. Does traffic pattern avoid going through other's bedrooms?
Yes	No	C. Water Supply/ Sewage Disposal - AGENCY CONTROLLED SITES ONLY
		1. Does the water drain freely from sinks, tubs, showers, stools?
		2. Are there toilet paper and hand towels in bathrooms?
		3. Is the area free from the presence or smell of sewage?
		4. Is water temperature at a safe level?
		5. Is there at least one working bathroom for every 4 individuals in the home?
Yes	No	D. Food Service Sanitation Hazards - AGENCY CONTROLLED SITES ONLY
		1. Are foods stored at safe temperatures?
		2. Are foods properly stored?
		3. Are food items within the expiration date?
		4. Is there a sufficient supply of food for all individuals being served in the home (i.e. for 2 days)?
		5. Is there sufficient cooking equipment, utensils, and clean dishes?
Yes	No	E. Emergency/Precautions - AGENCY CONTROLLED SITES ONLY
		1. Is the Abuse/Neglect reporting number posted?
		2. Is the Poison Control number posted?
		3. Is there a posted disaster plan with evacuation?
Yes	No	F. Health/Safety Issues - AGENCY CONTROLLED SITES ONLY
		1. Is a first aid kit available?
		2. Are medications secured?
		3. Is building free from mold?
		4. Is there adequate staffing to meet needs of persons served with at least 1 fully trained DSP present in the home when persons served are present?
		5. Is the area free from evidence of roaches, rodents, flies, fleas, etc.?

		6. Is the site used by people with mobility impairments and accessible?
		7. Does each bedroom have at least (1) outside window large enough for egress?
Yes	No	G. Individual Rights/Quality of Life
		1. Is the home free from any undocumented right's restrictions?
		2. Are meaningful recreational/training activities available?
		3. Are there window coverings in bedrooms and bathrooms to ensure privacy?

Other Observations:

For Individually Controlled Sites Only:

Is area safe and appropriate to the needs of the individuals living in the home? ____Yes ____No

If "no," describe problems noted: