

Division of Developmental Disabilities, Bureau of Quality Management
Developmental Training Environmental Checklist

Date:	Time:	Provider Agency:
Site Address:		City:
Phone:		
Review Completed by:		
Individuals in Sample:		
Yes	No	A. Fire Safety
		1. Is the means of exit suitable for individuals?
		2. Are smoke detectors present and working?
		3. Are there appropriate designated 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
		1. Are stairs and halls free of obstacles?
		2. Is the outside of the building 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?
Yes	No	C. Water Supply/ Sewage Disposal
		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. Are there adequate working bathrooms for the number of people present?
Yes	No	D. Food Service Sanitation Hazards
		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?
		5. Is there sufficient cooking equipment, utensils, and clean dishes?
Yes	No	E. Emergency/Precautions
		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
		1. Are first aid kits available?
		2. Are medications secured?
		3. Is building free from mold?
		4. Is there adequate staffing to meet needs of persons served? (1:5, 1:8 or 1:10)
		5. Is the area free from evidence of roaches, rodents, flies, fleas, etc.?
		6. Is the site accessible for people with mobility impairments?
Yes	No	G. Individual Program
		1. Are people engaged in meaningful training activities?
		2. Are current ISPs available for each participant?

		3. Is data being kept for each applicable objective for each participant?
		4. Is there a daily schedule documented for each participant?
		5. Does the schedule demonstrate at least 5 hours of meaningful training activities, exclusive of lunch and breaks (unless lunch objectives are included in the ISP)?
		6. Is there documentation of training on each participant ISP for which staff are responsible?

For each item marked "NO", please give details below.

Other Observations: