



Pediatric Environmental Home Assessment Scenario

The scenario is fictional. The photos are taken from a variety of homes to highlight key issues.

It is a warm summer day and you are going out on a home visit to see a family. The family has a six-year old child who is being treated for asthma. The mom has concerns about recent problems with her child's asthma and the need for more frequent use of “rescue” inhalers.

You note that the family lives in a multi-family building in an urban neighborhood. The building appears to have been built in the late 1950s. That is consistent with other buildings in the neighborhood. Given its urban location, you know that the home is connected to a public water system.

As you go along, you make notes and check off any relevant information on the [PEHA Survey form](#). Let's get started!

Welcome and Introductions

- [View photos of basement conditions.](#)
- [View photos of outside conditions.](#)

As you talk further, the mom reports that she is a Section 8 tenant. When she moved in, she says the landlord told her that the house was built in 1958 and that lead hazard control work was completed before she moved in 18 months ago. She could not remember getting any booklet or warnings about lead when she signed her lease.

You ask the mom about other general housing characteristics. She knows there is a basement but has not been in there. She says she has seen the oil truck connect up to the fittings on the side of the house. She shows you the unlocked door to the basement in the common area. You check out the basement.

The mom says that the oil heat can be hard to control in the winter. Some rooms are too hot and others are too cold. She sometimes has to open windows to make the rooms comfortable.

You observe, and the mom reports, that there are no pets in the home.

The mom is focused on the construction dust and mice. She says she has not seen any mold. You follow along on the [PEHA Survey Form](#) and ask about other pests. The mom reports no trouble with cockroaches, rats, or bedbugs.

You ask about asbestos and radon. The mom reports that she has no knowledge about whether the building has been tested or treated.

You do not observe any air fresheners or scented candles present, but you ask about their use. The mom confirms that she does not use those items because they aggravate her child's asthma.

Next you do a kitchen walkthrough with the mom.

Kitchen

- [View photos of other kitchen conditions.](#)

You review the [PEHA Survey Form](#) and ask to move on to the bedroom and bathroom.

Living Room Walkthrough and Neighborhood Review

- [View photos of living room conditions.](#)

You note the active construction outside and the dust that is accumulating in the window sill even though the window is closed. You also note that there are no window guards on the windows and that the blinds have looped cords.

You ask the mom about the last time the young children were tested for lead. Mom notes that it was within the last year and the results were less than 10.

You sit down again with the mom to review home safety questions. You provide her with a poison control hotline sticker to place on the phone. You ask about fire safety issues. She notes that there is no smoking allowed in the house and matches are stored in a high, safety-locked cabinet. The family does not have a formal fire escape plan.

The mom reports that the hallway lighting is good. She has no safety concerns about lighting. In the kitchen you note the coffee maker and tea kettle. You ask about the child's access to hot liquids. The mom notes that her son is older and is aware that he should not touch hot things. You ask the mom if she knows what the hot water temperature is set at. She does not know.

Bedroom and Bathroom

- [View photos of bedroom conditions.](#)
- [View photos of bathroom conditions.](#)

You ask the mom about the use of humidifiers in the bedroom. She notes that she sometimes uses them in the winter because the air gets too dry from the hard to control heat.

As you talk further, the mom confirms that the bathroom fan does function although it is a bit noisy. You observe a hair dryer on the edge of the sink. You ask the mom about adult supervision when her child is bathing. She notes that she is right there most of the time but may sometimes leave the room to grab a towel or item of clothing for the child.

Pediatric Environmental Home Assessment

Last updated 6/7/06

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter	
Age of home	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> 1950 - 1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know	
Structural foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Don't know	
Floors lived in (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd or higher	
Heating	Fuel used	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
	Sources in home	<input type="checkbox"/> Baseboards	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced hot air vents	<input type="checkbox"/> Other: _____
	Filters changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> HEPA air filter	<input type="checkbox"/> Don't know
	Control	<input type="checkbox"/> Easy to control heat	<input type="checkbox"/> Hard to control heat		
Cooling	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None	
Ventilation (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen & bathroom fans	<input type="checkbox"/> Central ventilation		

Indoor Pollutants

Mold and moisture	<input type="checkbox"/> Uses dehumidifier <input type="checkbox"/> No damage	<input type="checkbox"/> Uses vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input type="checkbox"/> Visible water / mold damage	
Pet	Presence	<input type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____	<input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other: _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in bedroom	<input type="checkbox"/> Full access in home	<input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Family shows evidence	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Family shows evidence	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Rats	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Family shows evidence	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Family shows evidence	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
Lead paint hazards	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	<input type="checkbox"/> Loose, peeling, or chipping, paint	
Asbestos	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	<input type="checkbox"/> Damaged material	
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	<input type="checkbox"/> Failed test but not mitigated	
Health and Safety Alarms	<input type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke alarm <input type="checkbox"/> No CO alarm	
Tobacco smoke exposure	<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking only allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes	
Other irritants	<input type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Potpourri, incense, candles	<input type="checkbox"/> Other strong odors: _____	
Type of cleaning	<input type="checkbox"/> Vacuum (non-HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop	

NOTES:

OBSERVED INFORMATION

Bolded responses indicate areas of greater concern.

Home Environment					
Drinking Water Source		<input type="checkbox"/> Public water system	<input type="checkbox"/> Household Well		
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input type="checkbox"/> No stove exhaust fan/vent
Bathroom		<input type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Living Room		<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Laundry area		<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented	<input type="checkbox"/> Hang clothes to dry

Sleep Environment				
Children's sleep area	<input type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other	
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down	
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down	
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet
Dust/mold catchers	<input type="checkbox"/> Stuffed animals/washable toys <input type="checkbox"/> No clutter	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____
Window	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/poor ventilation
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances			

Home Safety <i>* can indicate housing code violations</i>				
General				
Active renovation or remodeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
*Stairs, protective walls, railings, porches	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
*Hallway lighting	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate		
Poison control number	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> Not posted by phone		
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input type="checkbox"/> None		
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input type="checkbox"/> Used near water		
Matches and lighters stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach		
Exterior environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint	<input type="checkbox"/> Broken window(s)

OBSERVED INFORMATION (continued)

Home Safety <i>* can indicate housing code violations</i>			
Young Children Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input type="checkbox"/> Within past year or more. When? _____ Result: _____	<input type="checkbox"/> No
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> No
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> Don't know
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	<input type="checkbox"/> NA
Window guards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Window blind cords	<input type="checkbox"/> Split cord	<input type="checkbox"/> Looped cord	

NOTES:

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We credit its *Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers*
and model Pediatric Environmental History Form

and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form

Pediatric Environmental Home Assessment Form

ACTION PLAN

After completing the assessment, use this as a guide for education and recommending corrective action.

General Housing Characteristics		
CONCERN	TO DO	FAMILY TO DO
Age of home	<input type="checkbox"/> If built before 1978, educate as follows: <ul style="list-style-type: none"> ○ Home is likely to have lead paint. ○ Lead hazards can be harmful to young children's health and development. ○ If family has a child less than six years old then it is important to test for lead hazards. <input type="checkbox"/> Get more information about lead testing at www.epa.gov/lead/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> If your child is less than six years old, contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health. <input type="checkbox"/> Consider getting a lead paint inspection or risk assessment to determine whether there are lead hazards in your home. <input type="checkbox"/> If there are hazards, repair them based on state and local regulations and requirements. Consult with state CLPPP.
Heating source - Other: Kerosene heaters, space heaters, fireplaces, wood stoves	<input type="checkbox"/> Counsel family about the dangers of such heating sources in terms of fire safety and indoor air quality. <input type="checkbox"/> Get more information about indoor air quality and combustion sources in the home at http://www.epa.gov/iaq/combust.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Make sure kerosene heaters are vented to the outdoors or not used. <input type="checkbox"/> Make sure space heaters are at least 3 feet from anything flammable. <input type="checkbox"/> When necessary, use only 12 or 14 gauge extension cords (the lower the better). <input type="checkbox"/> Ensure that there is a good seal on fireplace screen or woodstove doors.
Filters	<input type="checkbox"/> Counsel family to do proper filter maintenance. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Change filters quarterly. <input type="checkbox"/> Use filters which are rated MERV 10.
Indoor Pollutants		
CONCERN	TO DO	FAMILY TO DO
Vaporizers/Humidifiers	<input type="checkbox"/> Counsel the family about the importance of proper vaporizer/humidifier maintenance and impact of mold growth on health. <input type="checkbox"/> Get more information about humidifier maintenance at http://www.epa.gov/iaq/pubs/humidif.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Change the water daily with clean cold water. <input type="checkbox"/> Use distilled or demineralized water. <input type="checkbox"/> Clean humidifier every 3 days. Follow manufacturer's instructions. <input type="checkbox"/> Change filter regularly. Follow manufacturer's instructions. Change more often if dirty. <input type="checkbox"/> Keep surrounding area dry. <input type="checkbox"/> Drain and clean humidifier before storing. <input type="checkbox"/> Only run humidifier a few hours a day to avoid mold growth.
Mold/Musty odor	<input type="checkbox"/> Educate family about the importance of keeping things dry and the impact of mold on family health. <input type="checkbox"/> Get more information at http://www.epa.gov/mold/moldguide.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Any mold or musty odor must be investigated for a source of water. Examine plumbing, roofing, or other possible leaks. <input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.

Indoor Pollutants (continued)		
CONCERN	TO DO	FAMILY TO DO
Pets	<input type="checkbox"/> If anyone is allergic to pets, educate as follows: <ul style="list-style-type: none"> ○ Pets should not be allowed in bedrooms. ○ If possible, pets should be given away. ○ If pets cannot be given away, wash and groom pet to reduce allergens. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to pets.
Infestations (mice, rats, cockroaches)	<input type="checkbox"/> Educate family about pest management and behavior change. <input type="checkbox"/> Get more information and order print materials at www.epa.gov/pesticides/catalogue and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Eliminate water and food sources. Seal garbage and all foodstuffs. Look for water leaks. <input type="checkbox"/> Call local board of health for inspection <input type="checkbox"/> AVOID "bombs" of pesticides. <input type="checkbox"/> Hire, or talk to your landlord about hiring, an exterminator for "Integrated Pest Management" which does NOT include spraying pesticides.
Lead paint hazards	<input type="checkbox"/> See "Age of Home" above. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> See "Age of Home" above.
Radon	<input type="checkbox"/> Educate family about impact of radon on health. <input type="checkbox"/> Get more information about radon and radon testing at www.epa.gov/radon/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Consider purchasing a radon home test kit. <input type="checkbox"/> Consult with your state and local departments of health about radon.
Asbestos	<input type="checkbox"/> Educate family about impact of asbestos on health. <input type="checkbox"/> Get more information about asbestos testing at www.epa.gov/asbestos/ and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Do not disturb any surfaces which might contain asbestos. <input type="checkbox"/> Consult with your state and local departments of health about asbestos.
Smoke alarm/CO alarm	<input type="checkbox"/> If no smoke alarms, educate about risks and local laws regarding the presence of smoke alarms. <input type="checkbox"/> Counsel family to : <ul style="list-style-type: none"> ○ Install smoke alarms in home on every level and in every sleeping area. ○ Test them once a month. ○ Replace the batteries at least twice a year. ○ Replace alarms every 10 years. <input type="checkbox"/> If combustion appliances but no CO alarms, educate about risks and local laws regarding the presence of CO alarms. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> If no smoke alarms, then: <ul style="list-style-type: none"> ○ Purchase smoke alarms. Ensure that there is an operational smoke alarm on every floor of the home and in every sleeping area. ○ Call local board of health for local smoke alarm requirements. Some states have laws regarding presence of smoke alarms. <input type="checkbox"/> If combustion appliances but no CO alarms, then: <ul style="list-style-type: none"> ○ Make sure to purchase CO alarms which log peak levels. Ensure that there is an operational CO alarm on every floor of the home. ○ Call local board of health for local CO alarm requirements. Some states now have laws regarding presence of CO alarms.
Tobacco Smoke Exposure	<input type="checkbox"/> Educate about risks of environmental tobacco smoke (ETS) to children. <input type="checkbox"/> Get more information about ETS at http://www.epa.gov/smokefree/index.html and provide to family. <input type="checkbox"/> Review items in "Family To Do" column with family.	<input type="checkbox"/> Choose not to smoke in your home and car and do not allow family and visitors to do so. Infants and toddlers are especially vulnerable to the health risks from secondhand smoke. <input type="checkbox"/> Do not allow childcare providers or others who work in your home to smoke. <input type="checkbox"/> Until you can quit, choose to smoke outside. Moving to another room or opening a window is not enough to protect your children. <input type="checkbox"/> Get help to stop smoking. Refer to EPA Smokefree Home pledge website www.epa.gov/smokefree and contact local smoking cessation services.

Home Environment		
CONCERN	TO DO	FAMILY TO DO
Other Irritants (scents, potpourri)	<ul style="list-style-type: none"> <input type="checkbox"/> If air fresheners present, educate as follows: <ul style="list-style-type: none"> o Many air fresheners have volatile organic compounds (VOC) which trigger asthma. Avoid these products whenever possible. <input type="checkbox"/> Get more information about VOCs at http://www.epa.gov/iaq/voc.html and provide to family. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Remove air fresheners from home.
Cleaning	<ul style="list-style-type: none"> <input type="checkbox"/> Educate about benefits of wet mopping. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Avoid dry mopping or sweeping which makes dust airborne and may trigger an asthma exacerbation. Use wet mopping instead
Drinking Water Source – Public water supply	<ul style="list-style-type: none"> <input type="checkbox"/> Get more information about water testing at www.epa.gov/safewater/labs <input type="checkbox"/> Check to make sure septic system is not close to well. <input type="checkbox"/> Review items in “Family To Do” column with family 	<ul style="list-style-type: none"> <input type="checkbox"/> Test water for lead. Contact local or state department of health for water testing information. <input type="checkbox"/> Find out if the public water supplier has notified consumers of any violations of health-based standards in the last year.

Home Environment (continued)

CONCERN	TO DO	FAMILY TO DO
<p>Drinking Water Source – Household well water</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ask these additional questions: <ul style="list-style-type: none"> ○ Is the wellhead protected and well constructed according to state or other requirements/specification? ○ Is water tested annually for bacteria and, if pregnant woman or infants in household, nitrates, and okay? ○ Is water tested annually, contaminants detected and alternate source used (appropriate filter or bottled water)? ○ Is water tested annually, contaminants detected, but alternate source not used? ○ Has the water been tested within the last year? ○ Are there noticeable changes in water taste, odor, color or clarity? (In this case, especially if pregnant woman or infant is in the household, recommend testing more than once a year). ○ Has there been a chemical or fuel spill leak near water supply? (If yes, recommend testing for chemical contaminants, such as volatile organic compounds). <input type="checkbox"/> Get more information about water testing at www.epa.gov/safewater/labs <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Test water for lead. Contact local or state department of health for water testing information.
<p>Mold</p>	<ul style="list-style-type: none"> <input type="checkbox"/> See “Mold and Musty Odor” recommendations above. <input type="checkbox"/> Make sure fans in bathroom and kitchen vent to the outside, not just in to walls. The goal is to take moisture out of home. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> See “Mold and Musty Odor” recommendations above.
<p>Damage</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Educate about mold risks as they relate to damage. <input type="checkbox"/> If family owns home, then counsel to change behaviors. <input type="checkbox"/> If family rents home, then counsel them to talk with their landlord. <input type="checkbox"/> Review items in “Family To Do” column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.

Sleeping Area		
CONCERN	TO DO	FAMILY TO DO
Mattress covers	<input type="checkbox"/> If anyone is allergic to dust mites, educate as follows: <ul style="list-style-type: none"> ○ Use allergen impermeable mattress covers with zippers on beds and pillows. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to dust mites.
Carpet	<input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Clean wall to wall carpet with vacuum weekly. <input type="checkbox"/> Shake area rugs outside weekly. <input type="checkbox"/> If carpet is more than 8 years old, consider replacing it with smooth wipeable flooring to reduce dust exposure. (8 year number came from Megan Sandel. Need to determine if that is number used by others too.)
Dust catchers	<input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Reduce dust with less clutter. <input type="checkbox"/> Seal clutter in bags or boxes.
Windows	<input type="checkbox"/> If anyone is allergic to dust mites, review items in “Family To Do” column with family.	<input type="checkbox"/> If symptomatic, get allergen testing to determine if you are allergic to dust. <input type="checkbox"/> Use window treatments that are wipeable. <input type="checkbox"/> Avoid curtains and drapes to reduce excessive dust exposure.
Home Safety		
General Safety		
CONCERN	TO DO	FAMILY TO DO
Renovation/remodeling	<input type="checkbox"/> See “Age of Home” above. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> See “Age of Home” above. <input type="checkbox"/> If the home was built pre-1978 and there is a child less than six years old: <ul style="list-style-type: none"> ○ get a lead paint inspection or risk assessment. ○ repair any lead hazards based on state and local regulations and requirements. Consult with state CLPPP. <input type="checkbox"/> If the home was built pre-1978 and there is no child less than six years old: <ul style="list-style-type: none"> ○ consult with the CLPPP at your state and local departments of health about lead-safe renovation. ○ Change behaviors, such as modifying dust generating techniques and containing the work area.
Stairs, walls, railings, porches, lighting	<input type="checkbox"/> If family owns home, then counsel to change behaviors, such as making minor repairs to fix loose railings. <input type="checkbox"/> If family rents home, then counsel them to talk with their landlord. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> If homeowner, then make necessary repairs. <input type="checkbox"/> If renter, then talk with your landlord about needed repairs. Consider calling the local board of health for possible code violations.
Poison control	<input type="checkbox"/> Provide national poison control number 1-800-222-1222 to family. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Post the national poison control number 1-800-222-1222 near telephone.

General Safety (continued)		
CONCERN	TO DO	FAMILY TO DO
Family fire escape plan	<input type="checkbox"/> Counsel to change behaviors, such as develop a family safety plan. <input type="checkbox"/> Get more fire safety information at http://www.usa.safekids.org/content_documents/fire_checklist.pdf <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Develop a family safety plan. <input type="checkbox"/> Need to know two ways out of the house. <input type="checkbox"/> Need to have a place to meet after you are outside the house. <input type="checkbox"/> Teach children the family safety plan for escaping your home in a fire and practice it
Electrical appliance	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Do not use electrical appliances near water.
Matches and lighters	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Do not store matches and lighters where children can reach them.
Exterior environment	<input type="checkbox"/> If abundant trash and debris, counsel family about waste management. <input type="checkbox"/> If waste containment is the problem, counsel family to talk with landlord. <input type="checkbox"/> See “Infestations” above. <input type="checkbox"/> If the home was built pre-1978, contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health for information about chipping, peeling paint. See “Age of Home” above. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> See “Infestations” above. <input type="checkbox"/> See “Age of Home” above.
Young Children		
CONCERN	TO DO	FAMILY TO DO
Hot liquids/cleaning supplies/medicines	<input type="checkbox"/> Counsel to change behaviors. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Do not have hot liquids, cleaning supplies, or medicines within a child’s reach.
Lead testing for children less than 6 years old	<input type="checkbox"/> If the home was built pre-1978, counsel the family to have the child’s blood tested for lead. <input type="checkbox"/> See “Age of Home” above. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Contact the childhood lead poisoning prevention program (CLPPP) at your state and local departments of health about lead testing resources. <input type="checkbox"/> See “Age of Home” above.
Child watched by an adult while in tub	<input type="checkbox"/> Counsel to change behavior. <input type="checkbox"/> Educate family about importance of not leaving children unattended in the tub. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Do not leave children unattended in the tub.
Hot water temperature	<input type="checkbox"/> Educate family about dangers of scalding. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Set hot water temperature to <120 F
Toddler gates	<input type="checkbox"/> Counsel family to install non-accordion toddler gates at the top and bottom of stairways. <input type="checkbox"/> Review items in “Family To Do” column with family.	<input type="checkbox"/> Contact local injury prevention program to determine whether there are toddler gate resources available. <input type="checkbox"/> Install non-accordion toddler gates at the top and bottom of stairways.

Young Children		
CONCERN	TO DO	FAMILY TO DO
Crib mattress	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family that crib mattress should fit snugly next to the crib so that there is no gap. <input type="checkbox"/> If two adult fingers can be placed between the mattress and the crib, then counsel the family to immediately replace the mattress. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Put your baby to sleep in a crib with a firm, flat mattress and no soft bedding underneath. <input type="checkbox"/> Ensure that your crib mattress fits snugly next to the crib so that there is no gap.
Window guards	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family about window safety. <input type="checkbox"/> Contact local injury prevention program to determine whether there are window guard resources available. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Contact local injury prevention program to determine whether there are window guard resources available. <input type="checkbox"/> Install window guards.
Window blind cords	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel family to keep window blind cords out of children's reach and to purchase childproofing items for cord safety. <input type="checkbox"/> Review items in "Family To Do" column with family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Keep window blind cords out of children's reach <input type="checkbox"/> Purchase childproofing items for cord safety.