



Home Environment Assessment and Plan for Care

Name of Certified Risk Assessor: _____

Title: _____

Agency: _____

Other Personnel Present: _____

Name of child/children with EBL: _____

DOB: _____

Gender: M F

Date Referred to Case Management: _____

First Date of Contact: _____

EI Date: _____

Parent/Guardian Name: _____

Child's Primary Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Phone: _____

Physician Name: _____

Physician Address: _____

Physician Phone: _____

Physician Fax: _____

First Date of Residency at primary address: _____

Date Home/Apartment Was Built: Before 1950* 1950-1978* After 1978
Unknown

Is the home/apartment: Rented* Owner Occupied

(* If home/apartment was built before 1978 and lease was signed after December, 1996, have tenant complete LBP Real Estate Disclosure Questionnaire)

Landlord Information: _____

Name: _____

Address: _____

Phone: _____

Rent Assistance/Subsidies: Yes No

Subsidy Type:

Public Housing Authority

Section 8

Federal Rent Subsidy (TBRA)

Other, specify: _____

Location where EBL child spends most of his/her time when not at home:

Location (address)	# Of hrs per day	Age of Location	Condition of Location

Other children that regularly stay in the home:

Name	DOB	Gender	BLL/Date
			1. 3. 5. 2. 4. 6.
			1. 3. 5. 2. 4. 6.
			1. 3. 5. 2. 4. 6.
			1. 3. 5. 2. 4. 6.

LEAD

Yes No Has primary residence ever been tested for any lead hazards?

Behavior and Household Risk Factors:

ED	Yes No	Does the child suck his/her fingers or thumb?
ED	Yes No	Does child put painted objects into the mouth? (Specify)
ED	Yes No	Does child chew on painted surfaces, such as old painted cribs, window sills, furniture edges, railings, door moldings, or broom handles?

ED	Yes No	Does child put soft metal objects in the mouth? (Ex: pewter, metal toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, or items containing solder (electronics))
ED	Yes No	Does child put printed material (newspapers, magazines) in the mouth?
ED	Yes No	Does the child eat without washing hands before meals or snacks?
ED	Yes No	Are toys and pacifiers washed frequently?
ED	Yes No	Have there been any changes in the child's sleep patterns?
ED	Yes No	Have there been any changes in behavior?
ED	Yes No	Does the child have Pica tendencies?
ED	Yes No	Are imported cosmetics such as Kohl, Surma, or Ceruse used in the home?
ED	Yes No	Does the family have a dog, cat, or other pet that could track in contaminated soil or dust from outside?
ED	Yes No	Does the child take baths in an old bathtub with deteriorated or nonexistent glazing?
ED	Yes No	Does the child have access to vinyl mini-blinds? (Non-glossy, imported before 1996)
ED	Yes No	Are there draperies present with lead weights? Are any weights missing?

Occupational/Hobby Risk Factors:

ED	Yes No	Does anyone living with, or caring for the child have an occupation or hobby that could result in lead exposure? (Ex: Auto body repair, battery plant, storage or recycling, brass/copper foundry, building repair or remodeling structure or demolition, chemical strippers, oil field work, electrical soldering, explosive or ammunition manufacture, stained glass window making) Please circle occupation if applicable.
ED	Yes No	Does the child have access to the area where the activity takes place?
ED	Yes No	Are work/hobby clothes separated from the other laundry?
ED	Yes No	Are work/hobby shoes worn into the house?
ED	Yes No	Is the child held or greeted by listed individuals before they shower, change clothes or wash hands after work or hobby activities?

Name of person/relationship with occupational/hobby risk:

Dietary Risk Factors

ED	Yes No	Does the family use imported canned foods?
ED	Yes No	Is food prepared, served, or stored in containers that could release lead?
ED	Yes No	Are any of the containers homemade or imported ceramic? (Ceramic bean pot)
ED	Yes No	Does the family use home remedies, folk medicines or herbal treatments?
ED	Yes No	Does the child receive dolomite, oyster shell or bone meal as a calcium or phosphorus supplement?
ED	Yes No	Has the child had a change in appetite?
ED	Yes No	Is child suffering from nausea/vomiting?
ED	Yes No	Has the child had any changes in weight?

Number of times per day that child is eating? _____

Examples of food eaten with calcium and iron? _____

Water Risk Factors:

ED	Yes No	Is the child's primary source of water municipal? (If no, please circle primary source: private well, rural, bottled, other)
ED	Yes No	Is a filtration method in place for water used for drinking, cooking or formula preparation?
ED	Yes No	Is first-draw or hot water used for drinking, cooking or formula preparation?
ED	Yes No	Has plumbing been installed/alterd within the last 5 years?
ED	Yes No	Does the home have lead pipes or copper pipes soldered with lead?

Soil Risk Factors:

ED	Yes No	Are there bare soil areas where the child likes to play?
ED	Yes No	Are there visible paint chips around building perimeters, under fences, etc?
ED	Yes No	Is there an area where ash from burned painted wood has been deposited?

ED	Yes No	Have nearby buildings or structures (bridge, water tower, etc.) been repainted or demolished within the last ten years? Distance from residence:
ED	Yes No	Is there a major roadway within two blocks?
ED	Yes No	Is the dwelling located near a lead-producing industry (Ex: battery plant, smelter, radiator repair shop, electronics/soldering industry)?
ED	Yes No	Does the family consume food grown in a garden adjacent to a painted structure?

Paint/Remodeling Risk Factors:

ED	Yes No	<p>Has there been any repainting, remodeling, renovation, window replacement, sanding or scraping painted surfaces inside or outside of the home in the last six months?</p> <p>If so, who did the work?</p> <p>If contractor or landlord performed work, did they distribute the lead pamphlet, "<i>Renovate Right: Important Lead Hazard Information for Families, Child care providers, and Schools.</i>", and a renovation notice to the owner/tenant?</p> <p>Did you sign a form documenting your receipt of the lead pamphlet and renovation notice?</p> <p>List the contractor's name, address, and phone number.</p>
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Lead Hazard Control Plan

You can immediately reduce lead hazards in your home with the following actions:

- Remove visible paint chips by misting surfaces before scraping and catch loose paint on plastic sheeting placed on flat surfaces below the work area. Repaint using good quality paint.
- Thoroughly clean the inside of your house with detergent and warm water. Clean all smooth surfaces. Pay special attention to troughs and windowsills. Clean the sponge or rag frequently. Change the water frequently also. Dispose of the water in sewer or septic system.
- Thoroughly vacuum with a HEPA filter vacuum and shampoo all carpeted areas.
- Keep children away from windows by moving furniture or other barriers in front of them. Keep children away from bare soil areas in the yard.

To permanently remove (abate) lead from your home, you will need to use an approved lead abatement contractor from the list we've included. If you have any other questions, feel free to call 1 -800-unleadedks.

Other Containments

ED	Yes No	Is the child exposed to environmental tobacco smoke? <i>Recommend: Smokefree home pledge, see attached</i>
ED	Yes No	Has the primary residence ever been tested for radon? <i>Kit included in healthy homes safety kit</i>
ED	Yes No	Is the child exposed to asbestos (old insulation) in the primary home or other locations?
ED	Yes No	Is the child exposed to volatile organic compounds (VOCs) (Ex: paints, environmental tobacco smoke, cleaning chemicals, pressed wood furniture etc.

Moisture

ED	Yes No	Are their sources for excess moisture to enter the primary residence? (Ex: poor roof, walls, windows, foundation, plumbing leaks, and damp crawlspace.)
ED	Yes No	Is there evidence of past flooding in the home?
ED	Yes No	Does the home smell of mold, or have visible mold on walls, in basement etc.

At least 3 moisture readings must be taken

Location/Reading

1. _____
2. _____
3. _____

Pest Management

ED	Yes No	Is there visual evidence of pests? (Ex: feces, actual rodents/pests, traps, pesticides)
ED	Yes No	Has the family experienced problems with pests in the past or presently? If yes, specify type:
ED	Yes No	Has the family used pesticides to try to eliminate pests in the past? If yes, specify type or brand:

Safety

ED	Yes No	Does the family have age-appropriate safety equipment for their children? (Ex: outlet covers, door knob covers, cabinet locks) <i>These items are available in the healthy homes safety kit</i>
ED	Yes No	Have any of the children had an injury caused by household issues in the last year?
ED	Yes No	Are medications, cleaning products, and other hazardous items locked and out of reach?

ED	Yes No	Are the above items locked and out of reach at other homes the child visits? (Ex: grandparents)
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Cleanliness

ED	Yes No	Is the following cleaning equipment assessable? Mop, bucket, broom, dustpan, sponges, rags, working vacuum? If no, specify which item: <i>Most of the above items are included in the healthy homes safety kit</i>
ED	Yes No	Have any of the children in the home been diagnosed with asthma? If yes, who and when were symptoms last noticed:
ED	Yes No	Have any of the children in the home ever had an allergic reaction to any of the cleaning products used in the home?

How often are the following cleaned? Please Circle.

Sweep Floors: 1X per day 1X per week 2Xper month Other: _____

Wet mop Floors: 1X per day 1X per week 2Xper month Other: _____

Vacuum Floors: 1X per day 1X per week 2Xper month Other: _____

Wash Window Sills: 1X per day 1X per week 2Xper month Other: _____

Wash Window Troughs: 1X per day 1X per week 2Xper month Other: _____

Other

Do referrals to the following need to be made? If yes, date when referral was made.

Yes No	Medicaid or other insurance?
Yes No	Primary care physician or clinic?
Yes No	Is the child current on immunizations?
Yes No	WIC or food pantry?
Yes No	SRS?
Yes No	HUD?
Yes No	Emergency Shelter?
Yes No	Head Start/Early Head Start?

Yes No	Parents as Teachers?
Yes No	Lead Safe KCK?
Yes No	Counseling/Mental Health?
Yes No	Is there a barrier to learning for the caregiver?
Yes No	Are there any language barriers?
Yes No	Are there any cultural differences that need to be overcome?

Other Referrals Made

1. _____
2. _____
3. _____
4. _____
5. _____

Disclaimer Notice: The Kansas Department of Health and Environment is not responsible for the blood lead level of the above-named child or for any condition or injury that may result from that blood lead level. This report is based on an EBL Investigation of the house and is not a complete inventory of all the lead sources that may be in the home.

Person Interviewed:

Name: _____ Date: _____

Relationship to child: _____

Signature: _____ Date: _____

Translator (if used)

Name: _____ Date: _____

Organizataion: _____

Signature: _____

Nurse:

Name: _____ Date: _____

Signature: _____ Date: _____

Risk Assessor (if different from nurse):

Name: _____ Date: _____

Signature: _____ Date: _____

Case Management Information

Copy of report sent to:

Parent/Guardian Physician Property Owner (if applicable)

HHLHPP LHD Case Manager EPA

Please check and date when complete:

- EI Samples taken _____
- Lead poisoning explained to family _____
- Healthy homes safety kit given/installed _____
- Brochures given _____
- Retesting schedule explained/given _____
- Results received from EnviroHealth Inc. _____
- Report mailed _____
- Follow up (verbal or home visit) _____

Child's Blood Lead Level History

Results: _____ C/V Date: _____
Results: _____ C/V Date: _____
Results: _____ C/V Date: _____
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Results: _____ C/V Date: _____
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