**COMMUNITY HEALTH & SAFETY SURVEY - INDOOR AREAS**

**\*To be completed by the service provider and signed by the parent before sessions are conducted at this indoor community site\***

**Child: EI#:**

**Address/Location:**

**Provider: Date of Survey:**

**Please review each item:**

Environment where EI services are provided is safe from chemicals, contaminants, toxic material and other hazards.

Yes No N/A

Environment is free of potential fire, construction and other structural hazards.

Yes No N/A

Public restrooms are available/accessible, clean and adequately supplied.

Yes No N/A

Hallways and/or exits are not obstructed and are free from clutter.

Yes No N/A

Stairs are lighted.

Yes No N/A

Stairs, walkways, porches and ramps are free of ice, snow and other hazards and have handrails or other barriers to prevent children from falling.

Yes No N/A

Pets on premises do not pose a potential threat to children.

Yes No N/A

Areas where EI children are receiving services have entrances and exits that prevent children from wandering out of the immediate area.

Yes No N/A

No other physical conditions are potentially hazardous to children during the delivery of services.

Yes No N/A

Evacuation procedures and routes are prominently posted.

Yes No N/A

**COMMUNITY HEALTH & SAFETY SURVEY - INDOOR AREAS (cont’d)**

Service provider is aware of current emergency evacuation plan and evacuation routes in the community-based setting and location of telephone.

Yes No N/A

Public swimming pools used are only those subject to the oversight of Chapter 1,

Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.

Yes No N/A

No other physical conditions are potentially hazardous to children during the delivery of services.

Yes No N/A

**Comments:**

**Parent’s Participation in the Survey:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent), was present and participated in the assessment of the Community location where my child will receive EI services, along with my child’s service provider and I agree that my child receive services at this location.

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Signature of Parent Date

**Survey Completed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Provider Date

**Survey Reviewed by:**

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Signature of Program Director Date