

SEMHA/CLEARCorps Detroit
Healthy Homes Detroit Program
Appendix

CLEARCorps Detroit
Healthy Homes Detroit

Factor One Documents

Resumes



Job Descriptions

AmeriCorps Member
Community Intake and Follow-up Coordinator

Organization Chart

OBJECTIVE:

Accountant seeking a position in which I can apply a technical skill set to promote productivity for an organization.

EDUCATION:

Wayne State University, Detroit, MI

Master of Business Administration, 12/2009

- Bachelor of Science, Accounting, 8/2007

EXPERIENCE:

Accounting Manager

9/2009 - Present Southeastern Michigan Health Association, Detroit, MI

- Prepare program Financial Status Reports on a monthly basis for budgetary and billing purposes
- Ensure accuracy of the preparation of monthly bank reconciliations and financial reports
- Oversee the hiring, training, and disciplining of the Accounting Department personnel
- Assist in annual audit performed by an independent auditing firm by providing information and support for the preparation of budgets

Account Clerk

3/2005 – 8/2009 Macomb County Health Department, Warren, MI

- Performed accounting duties, including posting entries to various accounts and cash journals
- Computed penalties, fines and arrearage owed on delinquent accounts
- Provided assistance to the public regarding billings, payments and departmental procedures

Accounting Clerk

10/2004 - 3/2005 BeneSys, Inc., Troy, MI

- Assisted in preparing monthly bills for ratification report for Trustees' meeting
- Generated accounts payable checks, processed invoice copies for customers
- Posted month end transactions to the general ledger

Administrative Assistant

12/2003 - 10/2004 Simon House, Detroit, MI

- Performed bookkeeping functions for all incoming funds
- Managed personnel records of employees
- Organized special events for clients

APPLICATIONS:

Proficient in Microsoft Word, Excel, PowerPoint, Access, and Outlook, also possess experience in using Peachtree and MAS200 software.

HONORS AND AFFILIATIONS:

National Association of Black Accountants, Inc. – Detroit Chapter Scholarship, 5/2008

Ford Motor Company Scholarship, 4/2008

Richard H. Austin Excellence in Accounting Scholarship, 4/2006

Accounting Aid Society, Volunteer Tax Preparer, 1/2009 - Present

National Association of Black Accountants, Inc., Treasurer 8/2007 - Present

Beta Alpha Psi, 9/2006 – Present

RESUME



WORK EXPERIENCE

- 2008-present **Southeastern MI Health Association (SEMHA)**
Position: Executive Director, CLEARCorps/Detroit
Duties: Direct the CLEARCorps/Detroit lead poisoning prevention including staff supervision, management of \$2M budget, fund development, strategic planning
- 1993-2007 **Greater Detroit Area Health Council (GDAHC)**
Positions: Executive Director, CLEARCorps/Detroit
Duties: Directed the CLEARCorps/Detroit lead poisoning prevention project; Staff supervision, management of budget, fund development, strategic planning
- 1992-1993 **Detroit Board of Education**
Position: Consultant
Duties: Staffed the Olmstead/Kearney Campaign for School Finance Reform, a state effort to impact school financing issues; mobilized over 50 school districts statewide
- 1990-1992 **County of Wayne, Youth Services Division**
Position: Consultant, Special Projects
Duties: Developed the Community Youth Project-garnered community support, developed resources, to service an at-risk population of youth, ages 10-14.
- 1977-1989 **Michigan Avenue Community Organization (MACO)**
Positions: Director
Duties: Directed efforts to improve community. Coordinated campaigns, conducted training, coordinated fundraising efforts, managed operations including personnel, benefits, grant reporting
- 1973-1976 **National Lawyers Guild**
Position: Director, Detroit Chapter
Duties: Coordinated all facets of organizational activity including project planning and implementation, Board support, fundraising, and newsletter production.

PUBLIC /COMMUNITY SERVICE

- 2004-present *CLEARCorps/USA Board of Directors*
Board Member
- 1987-present *Grandmont/Rosedale Integrated Neighborhoods*
Creator/ Chair of successful effort to promote
a multi-ethnic Northwest Detroit community.
Coordinated conducted media campaigns; hosted media tour.
- 1989-2002 *Grandmont/Rosedale Development Corporation*
Treasurer and Member, Board of Directors
- 1988-1992 *Northwest Detroit for Better Schools*
Coordinated successful campaigns for Detroit Board of
Education candidates
- 1985-1988 *Grandmont #1 Improvement Association*
President, 3 terms

AWARDS AND RECOGNITIONS

- 1987 Detroit City Council-Testimonial Resolution
1982 Detroit Police Department-Crime Prevention Citation

CERTIFICATIONS

- 2005-2010 Lead Inspector/Risk Assessor; State of Michigan
2009 Healthy Homes Specialist, Natl Center for Healthy Housing

EDUCATION

- 1971 Wayne State University, B.A. Sociology
Social Work/Community Organizing Curriculum
Phi Beta Kappa Society

Qualifications:

Six years experience with non-profit management and program coordination; community development and organizing experience with diverse communities; knowledge of affordable housing policy and financing, healthy housing, brownfields planning, case management and research methods; commitment to social justice and working with low-income communities.

Education:

University of Michigan Ann Arbor, MI
Master of Social Work May 2009
Community Organizing concentration
Master of Urban and Regional Planning August 2009
Housing, Economic and Community Development concentration;
Urban Planning Professional Project: *Maintaining High-quality Housing for a Predominantly Renter Community: A Housing and Community Engagement Plan for the Jefferson Chalmers Neighborhood.*
2009 Urban Planning University and Community Service Award

Washington University St. Louis, MO
Bachelor of Arts May 2000
Major- Environmental Science; Minor- Anthropology

Work History:

CLEARCorps/Detroit Detroit, MI
Healthy Homes and Grant Manager 2010 - present
Develop forms, protocols, and partnerships for pilot phase of Healthy Homes Detroit; conduct outreach around healthy homes and lead poisoning; oversee healthy homes assessments and develop Family Action Plans to address healthy homes issues; assist with fund development, new CLEARCorps program initiatives, and staff recruiting.

Community Foundation for Southeast Michigan Detroit, MI
Community Development Consultant Aug. - Dec. 2009
Support three planning committees in developing community-based support systems for their neighborhoods; provide technical assistance for planning committees; connect committees to local and national experts; serve as liaison between committees and Community Foundation staff.

Ginsberg Center for Community Service and Learning Ann Arbor and Detroit, MI
Graduate Assistant and Field Survey Coordinator 2006-2007, Summer 2009
Coordinated field surveyors for a university- community partnership survey project of occupancy and housing conditions in Detroit; edited material for the Center annual report; assisted with research, development of materials, and student interviews for Center Initiatives; organized a weekend training with Highlander Center staff.

Office of Institutional Equity Ann Arbor, MI
Equity and Access Graduate Student Staff Assistant 2008-2009
Created educational materials and presentations for students, faculty, and staff; organized committee meetings and a campus-wide town hall meeting; researched other universities' programs and developed recommendations for the University of Michigan.



Creekside Community Development Corporation Detroit, MI
Community Building Coordinator/Social Work Intern 2008
Organized community meetings and events; conducted outreach to block groups and neighborhood associations to identify residents' concerns and to involve new residents in Creekside programs; conducted surveys on neighborhood housing conditions to inform future housing strategies.

Department of Urban and Regional Planning Ann Arbor, MI
Graduate Student Instructor Winter 2008
Assisted instructor with grading and class preparation for *UP 504: Quantitative Methods of Urban Planning*; helped students with questions on course materials.

University Center for Economic Diversification Ann Arbor, MI
Community Economic Adjustment Program Manager 2007-2008
Developed community profiles and Geographic Information Systems (GIS) maps for cities facing automobile plant closings.

Vermont Campus Compact Middlebury, VT
AmeriCorps Programs Coordinator 2002-2006
Recruited and trained AmeriCorps*VISTAs; coordinated statewide service programs and events; developed curriculums and training programs for civic engagement; maintained statewide networks and internet communication.

Drury High School and Mass. College of Liberal Arts North Adams, MA
*AmeriCorps *VISTA* 2001-2002
Designed and coordinated pilot K-16 service-learning and community service partnership projects; promoted multicultural and social justice awareness at the high school and college levels through organizing conferences, trainings and class projects.

Volunteer Experience: **Graduate Employees Organization (AFT-3550)** Ann Arbor, MI
Urban Planning Steward 2008
Facilitated communication between union members in the urban planning program and union officers; assisted with contract organizing.

UP-MLK Committee Ann Arbor, MI
Committee Member and Committee Co-Chair (2007-2008) 2006-2009
Organized three annual urban planning symposiums to address intersections of race, social justice, and urban planning.

Trainings/
Certifications: Essentials for Healthy Homes Practitioners
Renovation, Repair, and Painting Certified Renovator
Asthma and Allergy Essentials for Green and Healthy Homes Staff



POSITION TITLE: AmeriCorps Member/Healthy Homes Assistant

POSITION SUMMARY:

AmeriCorps one year position. Member will perform a variety of duties related to educating families about healthy homes and assisting with outreach, case management, and product installation..

ESSENTIAL FUNCTIONS:

Field Responsibilities:

- Assisting with healthy homes assessments and asthma education visits
- Installing healthy homes products
- Educating families on healthy homes hazards
- Participating in community outreach events

Office Responsibilities:

- Scheduling appointments
- Maintaining product inventory
- Preparing files for Healthy Homes visits
- Other tasks assigned by the Project Manager or Executive Director.

All training will be provided. Working hours are generally 9-5:30, Monday-Friday with occasional evenings/weekends.

JOB PREREQUISITES:

Positive job history, Reliable Transportation and car for use on the job, Driver's License, Must Pass Criminal Background Check and Drug Test; Must be able to commit to a year of full time service; possible second year of service may be offered.

JOB QUALIFICATIONS:

- Ability to work independently, as well as part of a team;
- Excellent communication skills;
- Ability to complete and keep accurate records;
- Proficiency with Microsoft Office applications;
- Detail-oriented with the ability to self motivate.
- Must be comfortable with a wide range of activities, including one-on-one parent education, public presentations, team-decision making and more.
- Must have a commitment to reliable attendance and timeliness.

DESIRED QUALIFICATIONS:

- Some college or community experience in related field preferred;
- Experience with community organizations and/or office administration;
- Knowledge of environmental and community health issues;
- Spanish or Arabic speaking helpful

BENEFITS:

- Annual Living Stipend of \$15, 000;
- \$4725 Education Award (after one year of service);
- Health Insurance and Child Care;
- Training and Experience in Healthy Homes/ Lead Poisoning Prevention/ Human Services;
- Great opportunity to help children in Detroit

FOR MORE INFORMATION OR TO APPLY:

Contact Mia Crumb Smith at mcs@clearcorpsdetroit.org or 313-924-4000



Position Title: Community Intake and Follow-up Coordinator

Reports To: Healthy Homes Manager **Department:** CLEARCorps Detroit

Classification: **Division:**

Date: **Approved:**

POSITION SUMMARY:

Coordinator will perform a variety of duties focused on assisting families with the Healthy Homes Detroit application process and provide case management once families are enrolled in Healthy Homes Detroit. Position is grant funded and 20 hours/ week.

ESSENTIAL FUNCTIONS:

Responsibilities include:

- Assisting families with Healthy Homes Detroit and other grant applications,
- Scheduling appointments,
- Making follow-up and reminder phone calls,
- Helping families find additional resources,
- Assisting with Healthy Homes Detroit visits
- Participating in community outreach events
- Other tasks assigned by the Project Manager or Executive Director.

Working hours are generally between 9-5:30, Monday-Friday with occasional evenings/weekends.

JOB PREREQUISITES:

Positive job history, Reliable Transportation and car for use on the job, Driver's License, Must Pass Criminal Background Check and Drug Test.

JOB QUALIFICATIONS:

- Familiarity with Detroit neighborhoods and community outreach techniques
- Ability to work independently, as well as part of a team
- Excellent communication skills
- Ability to coach and work with families
- Ability to complete and keep accurate records
- Proficiency with Microsoft Office applications
- Detail-oriented with the ability to self motivate
- Must have a commitment to reliable attendance and timeliness.

DESIRED QUALIFICATIONS:

- Some college or community experience preferred
- Experience with community organizations and/or office administration
- Knowledge of environmental and community health issues

BENEFITS:

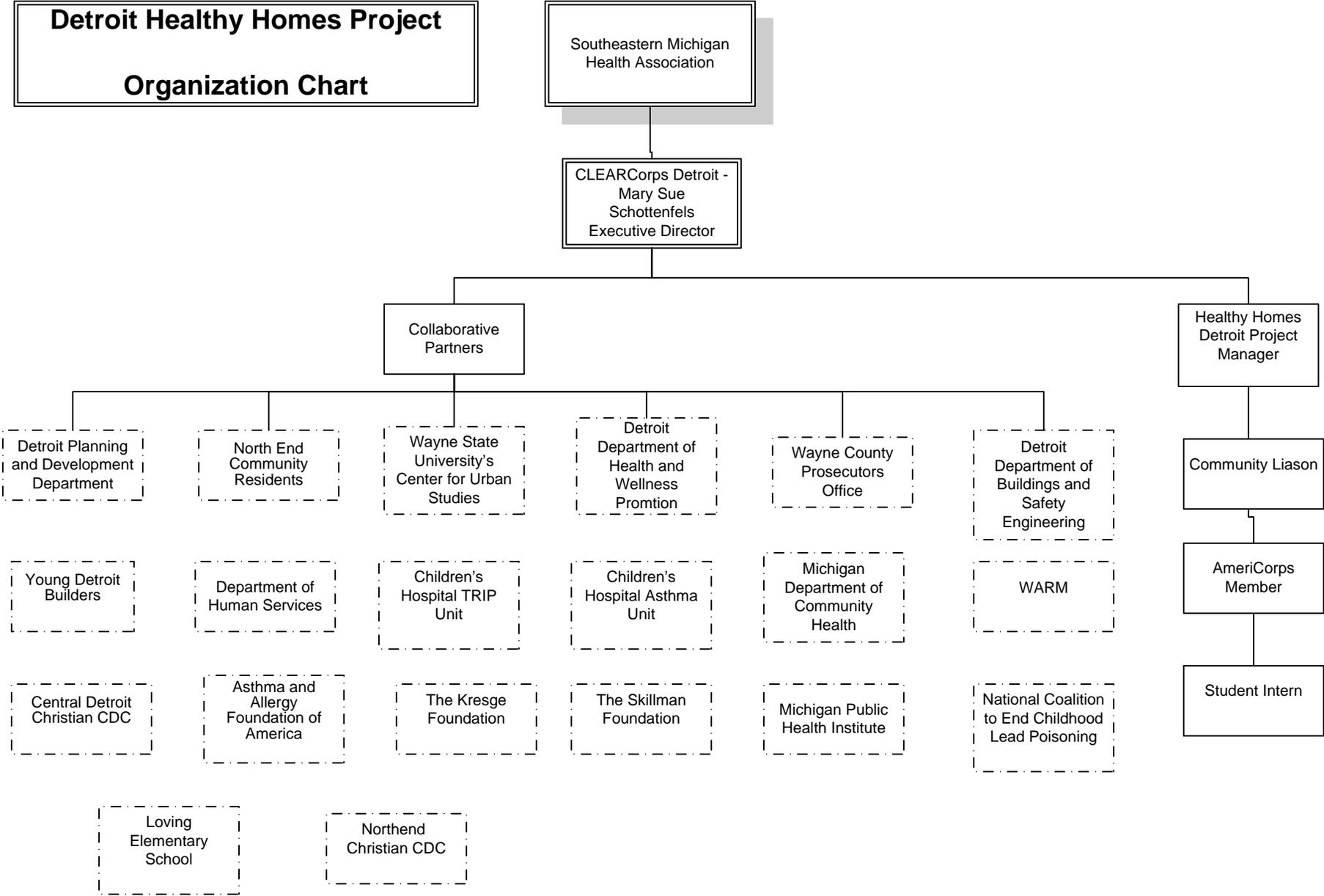
- Annual Salary of \$16,000/ year (.5FTE)
- Health Insurance
- Training and Experience in Healthy Homes/ Lead Poisoning Prevention/ Human Services
- Great opportunity to help children in Detroit

FOR MORE INFORMATION OR TO APPLY:

Contact Mary Sue Schottenfels at mss@clearcorpsdetroit.org or 313-924-4000

***NOTE:** This is a fulltime grant-funded position; funding is for three years with no guarantee of long term employment.*

Detroit Healthy Homes Project Organization Chart



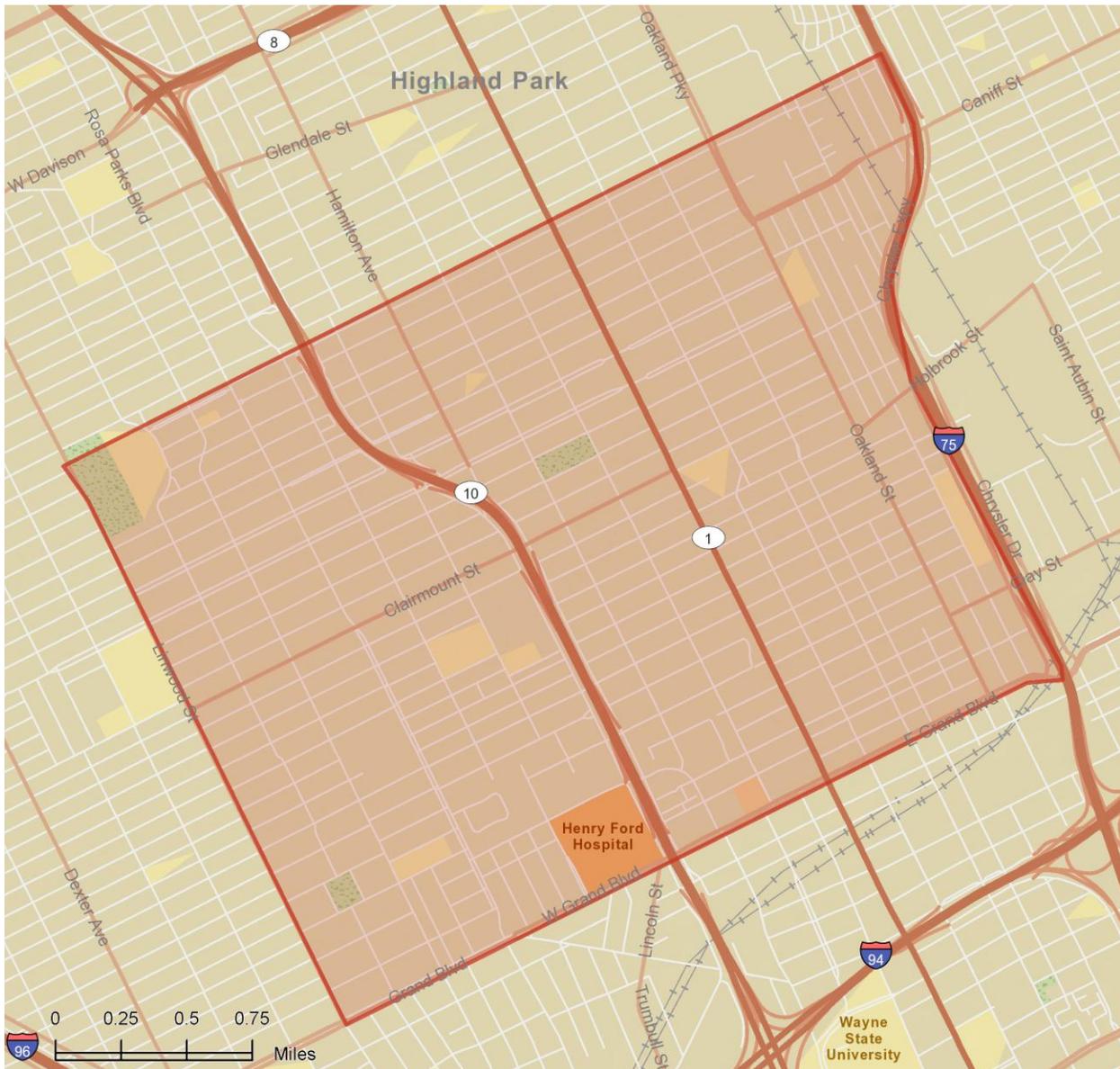
CLEARCorps Detroit
Healthy Homes Detroit

Factor Two Documents

Target Area Map

Health Indicator Maps

Healthy Homes Detroit Target Area Map

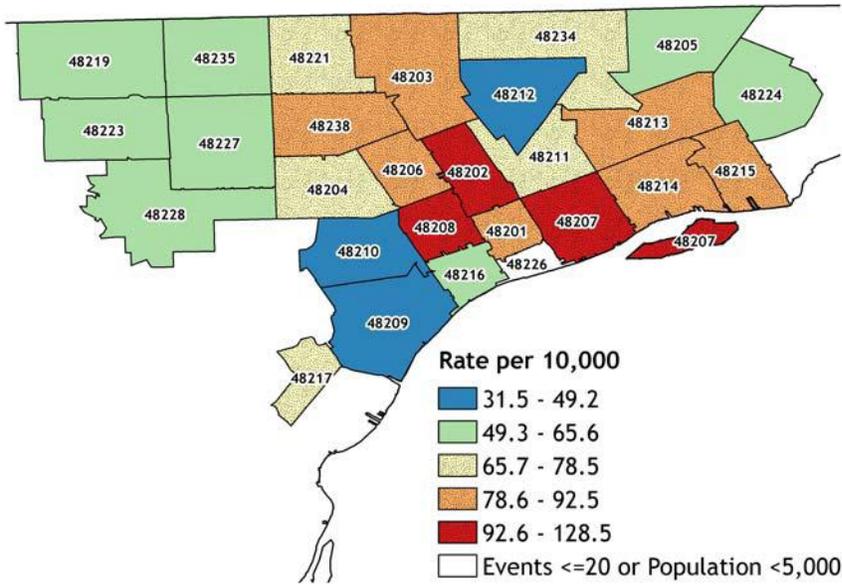


The HHD target area has the following surface street boundaries:

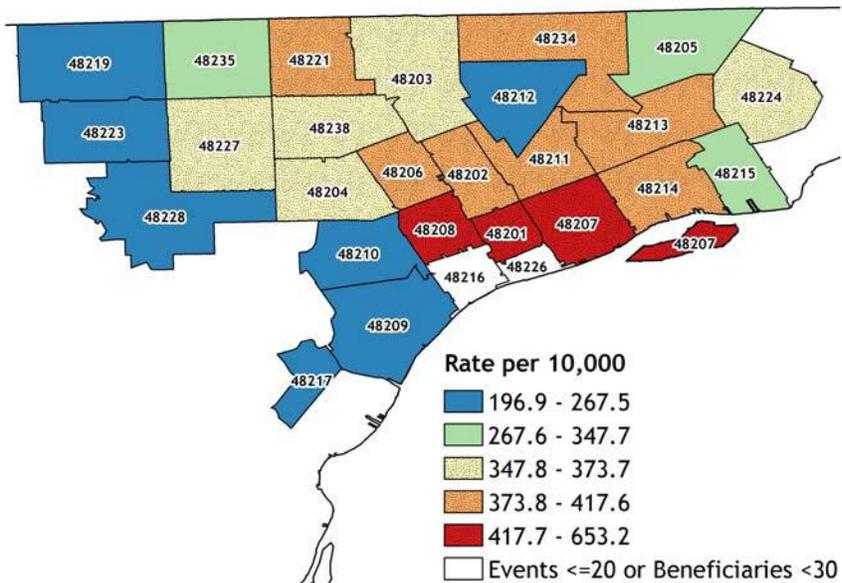
- North – Webb/Woodland St
- East – Interstate 75 (I-75)
- South – East Grand Blvd/West Grand Blvd
- West – Linwood St

The HHD target area covers parts of zip codes 48202, 48206, and 48211. It also covers census tracts 5112, 5115, 5116, 5117, 5312, 5313, 5322, 5323, 5324, 5325, 5326, 5327, 5330, 5331, and the southern half of 5119.

Rates of Asthma Hospitalizations by Zip Code of Residence for Children (<18 years) in Detroit from 2000 to 2002. The HHD target area covers parts of zip codes 48202, 48206, and 48211. (Source: Michigan Inpatient Database, MDCH)

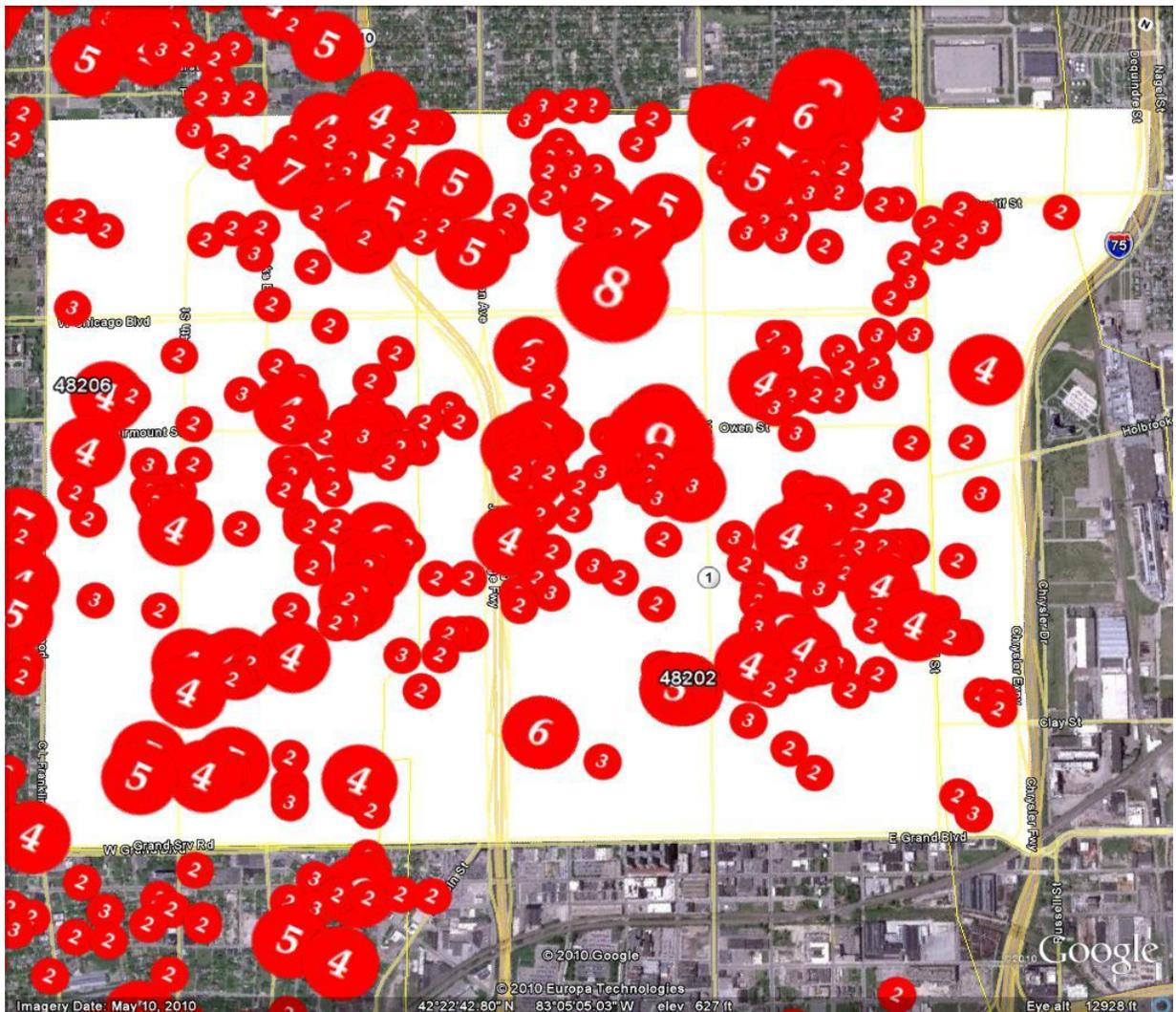


Rates of Asthma Emergency Department Visits by Zip Code of Residence for Children (<18 years) in Detroit in 2004. The HHD target area covers parts of zip codes 48202, 48206, and 48211. (Source: Data Warehouse, MDCH)

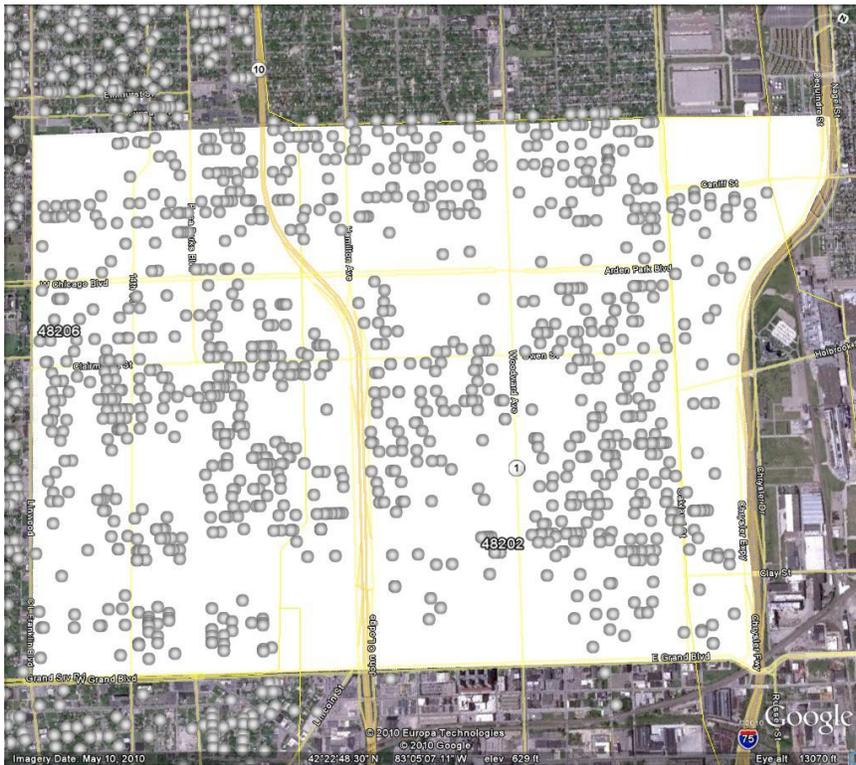


The Wayne State University Center for Urban Studies manages the Detroit Healthy Homes Database, a web resource for all partners in the Healthy Homes Detroit program. This database contains healthy homes data for residential properties throughout the City of Detroit provided by partner agencies such as CLEARCorps Detroit, MDCH, DHWP, P&DD, DHS, B&SE, WCPO, and others. The maps presented below were created using Google Earth™ and healthy homes data for the HHD target area from the Detroit Healthy Homes Database.

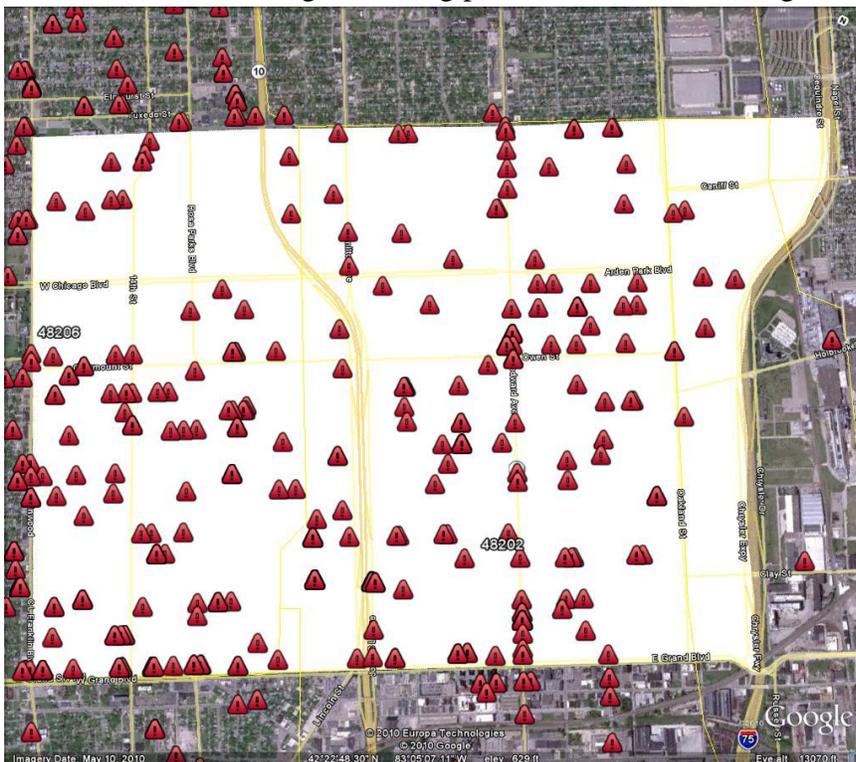
The map below shows all residential properties where multiple children have had lead poisoning from 1988 to 2009 (number inside dot indicates the number of lead poisoned children, larger dots indicate more lead poisonings):



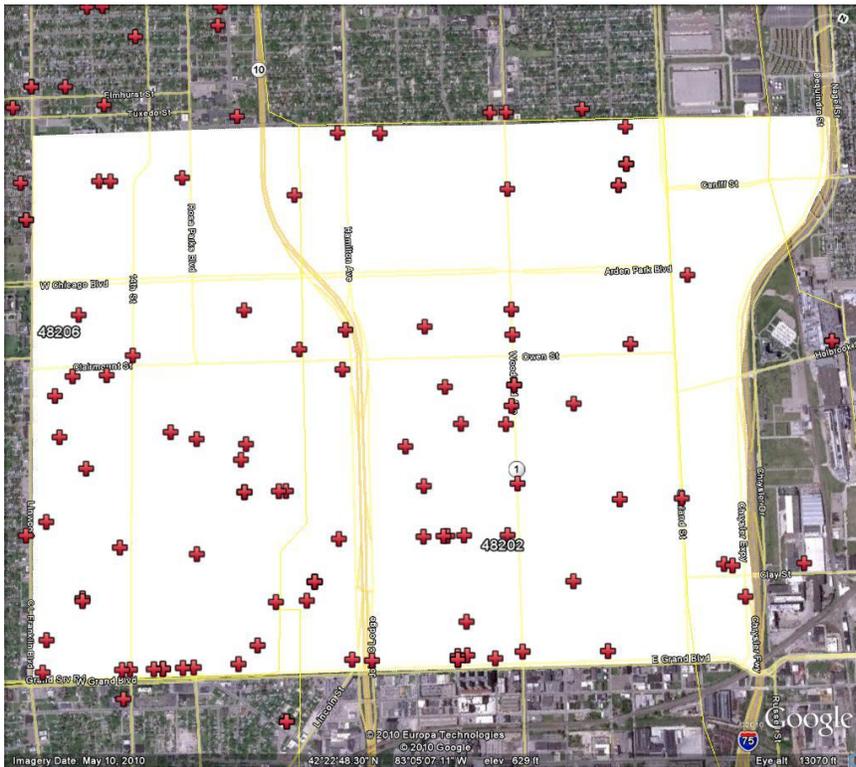
The map below shows the location of all lead poisoning cases from 1988 to 2009 in the HHD target area:



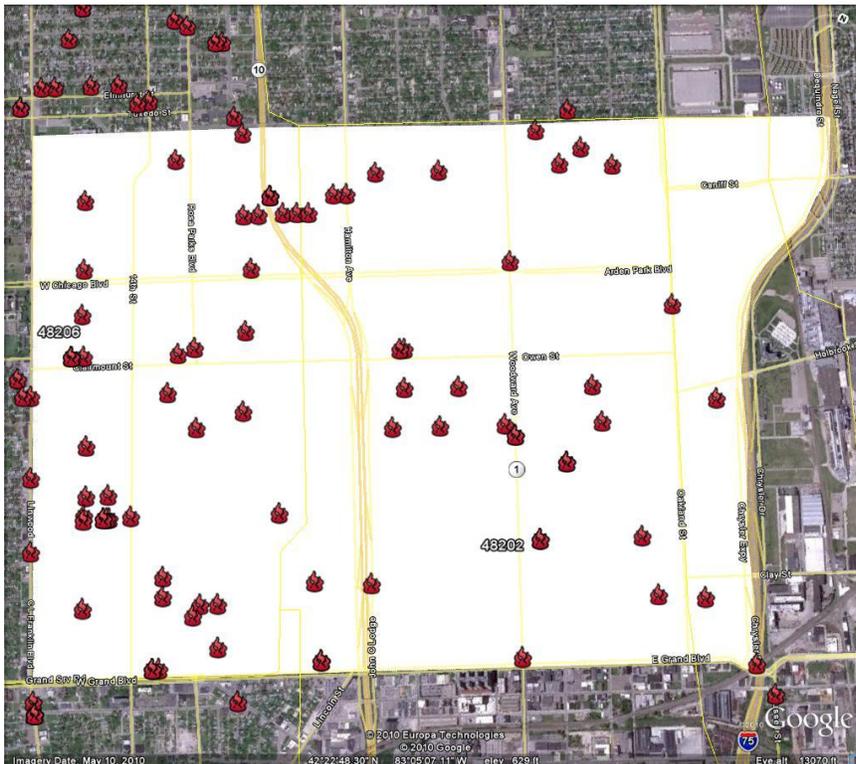
EMS Calls for Breathing/Wheezing problems in the HHD target area (1/1/2010-11/2/2010):



EMS Calls for Unintentional Injuries/Falls in Residences in the HHD target area (1/1/2010-11/2/2010):



EMS Calls for Residential Fires and Burn Injuries in the HHD target area (1/1/2010-11/2/2010):



CLEARCorps Detroit
Healthy Homes Detroit

Factor Three Documents

Program Timeline

Program Flowchart

Application Prioritization Ranking Sheet

Home Assessment Form

Recruitment Flyer

Allowable Costs Chart

Healthy Homes Database Screenshot

Healthy Homes Detroit Project Timeline			
September 2010-December 2013	Date Completed	Person/Agency Responsible	Milestones
Project Begins – Target 180 homes with funding received from HUD.			
Evaluation protocols finalized	Sept. 2010	MPHI/ CLEARCorps	Program infrastructure in place; Staff hired and trained for project; Data collection protocols in place; Outreach materials in place; Community outreach begins
Revise forms/ protocols based on earlier homes	Sept. 2010	CLEARCorps	
Meet with community-based organizations to discuss program and make any changes	Aug. 2010	CLEARCorps	
Database ready for use by CLEARCorps	Oct. 2010	Center	
HH Database upgraded regularly	Ongoing	Center	
Advisory Council Formed	Oct. 2010	CLEARCorps	
Adv. Council meets through life of grant	Ongoing	CLEARCorps	
Meet with community partners	Ongoing quarterly	CLEARCorps, partners	
Recruitment/Intake/Enrollment			
Presentations to community organizations	Ongoing	CLEARCorps	270 families recruited to HHD project; 230 families receive Initial Screening Visit; 230 homes enrolled into the HHD program
Recruitment Fair at local school	Oct. 2010		
Pass out flyers, send out mailing, other recruitment activities	Ongoing		
At least 270 applications received: 90 in Y1, Y2, and Y3	Ongoing to Feb. 2013	CLEARCorps	
Prioritize order of housing units targeted	Ongoing	All partners	
Schedule Initial Screening Visits: 90 in Y1, 110 in Y2, 30 in Y3	Ongoing to Mar. 2013	CLEARCorps	
Families enrolled and scheduled for Healthy Homes assessment in 200 homes: 80 in Y1, 95 in Y2, 25 in Y3	Ongoing to May 2013	CLEARCorps	
Healthy Homes Assessment			
Complete Healthy Homes Assessments on 200 homes: 80 in Y1, 95 in Y2, 25 in Y3	Ongoing to May 2013	CLEARCorps	200 families receive healthy homes assessment; 200 families sign HHFAP that contains work specs and interventions to be completed
Healthy Homes Family Action Plan (HHFAP) and Work Specs completed on 200 homes: 80 in Y1, 95 in Y2, 25 in Y3	Ongoing to June 2013	CLEARCorps	
HHFAP and Work Specs reviewed, approved with 200 families: 80 in Y1, 95 in Y2, 25 in Y3	Ongoing to June 2013	CLEARCorps	

Healthy Homes Detroit Project Timeline			
September 2010-December 2013	Date Completed	Person/Agency Responsible	Milestones
Healthy Homes Intervention			
180 Tier One healthy homes interventions completed, inc. family education: 65 in Y1, 85 in Y2, and 30 in Y3	May 2013	CLEARCorps	All Tier One work and education identified in HHFAP completed with 180 families/houses All Tier Two work completed on 150 homes All referrals to partner agencies submitted 100 Tier Three interventions completed by partner agencies
150 Tier Two healthy homes interventions completed: 40 in Y1, 70 in Y2, and 40 in Y3	Aug. 2013	CLEARCorps, local construction companies	
100 Tier Three healthy homes interventions completed: 15 in Y1, 45 in Y2, and 40 in Y3	July 2011 – December 2013	CLEARCorps, Partner orgs.	
CLEARCorps enters intervention results into HH db	Ongoing	Partners	
Post-Hazard Control			
Two-Month Follow Up Visit completed	Ongoing	CLEARCorps	Follow-up completed with 180 homes exited from program Program evaluation completed
Six-Month Follow-Up Visits completed	Ongoing	CLEARCorps	
Twelve-Month Follow-Up Visits Completed	Ongoing	CLEARCorps	
Program Evaluation	Ongoing	CLEARCorps, MPHI	

**CLEARCorps
(Lead Agency)**

Evaluation

Evaluation activities completed as needed throughout the life of the grant.

Reports submitted to HUD as needed.

Collaborative Partner Training

Staff from partner agencies attend Essentials for Healthy Homes Practitioners training.

Staff members continue to attend other trainings as needed throughout the life of the grant.

Healthy Homes Detroit Program

Applications Accepted – 230 houses

Initial Site Visit in Family Residence – 210 houses

- Review program
- Conduct Initial Site Visit
- Gather information on family
- Schedule visual assessment visit

Visual Assessment Visit – 200 houses

- Complete healthy homes assessment
- Review initial findings of assessment with family
- Schedule family action plan meeting
- Medical Case Management Referral (as needed)

Family Action Plan/Tier One Interventions - 180 houses

- Review Family Action Plan (FAP)
- Family signature on FAP and other forms
- Install **Tier One** products in all houses
- Tier One** referrals to community partners (Children’s Hospital TRIP safety training, WARM Energy audit) for all enrolled houses
- Present family with customized training packet
- Conduct customized healthy homes training with all families
- Schedule two-month site visit
- Tier Two** referrals (as needed)

Tier Two Interventions – 150 houses

- Address key healthy homes interventions including gutter repair, minor mold remediation, drywall removal, vent installation, and carpet removal.
- Tier Three** referrals (as needed)

Tier Three Interventions – 100 houses

All homes in need of Tier Three home interventions will be referred to community partners. Work to be completed on these houses may include home weatherization, home structural improvements (new roof, new furnace), and additional in-residence healthy homes workshops.

Two-Month Site Visit – 180 houses

- Check status of work completed on house by partners
- Follow up on use of home safety products
- Healthy homes education (as needed)

Six-Month and Twelve-Month Site Visit or Phone Follow-up – 180 houses

- Check status of work completed on house by partners
- Follow up on use of home safety products
- Healthy homes workshop (as needed)
- Complete six-month follow-up survey
- Exit from program if actions in FAP are complete

Target Area Advisory Council

Group meets quarterly to review progress of enrollment, status of work completed on houses, and status of staff training.

This activity continues throughout the life of the grant.

Healthy Homes Database

Database used to track family progress, help partner agencies coordinate work completed on the home (including e-mail status updates), and program outcomes.

APPLICATION SCORING SHEET

	Resident info	Points
Asthma Child under 18		
Children Living in House under 6		
Child Visitor under 6		
Children Under 1		
Child with EBL		
Repeat Offender Home (y/n)		
Pregnant Female (y/n)		
Grandparent raising grandchildren (y/n)		
Day care at House (y/n)		
Age of House (year)		
Total		0

Key:		
Asthmatic Child under 18	20	25 points max
additional children w asthma	5	
Children Living in House under 6	10	15 points max
additional children under 6	5	
Child Visitor under 6	5	5 points max
Children Under 1	5	5 points max
Child with EBL	15	15 points max
Repeat Offender Home	10	10 points max
Pregnant Female	5	5 points max
Grandparent Raising Grandchildren	15	15 points max
Day care at House	10	10 points max
Age of House: 1940 - 1978	10	
Age of House: pre 1940	15	15 points max
Highest Possible Score		120

Visual Assessment and Intervention Survey

Who						Visual Inspection	Notes
Visual Inspection will be done with client, asking questions to resident when applicable							
Staff Name/Date							
Participant Name							
Participant Name							
TA Name/Date							
TA Start Time							
TA End Time							
Street Address, ZIP							
Occupancy						<input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rental	
Age						<input type="checkbox"/> Pre 1940 <input type="checkbox"/> 1940-1959 <input type="checkbox"/> 1960-1977 <input type="checkbox"/> Post 1978	
Housing Unit Area (SF)							
Total # Rooms (include basement as 1 room)							

Visual Assessment and Intervention Survey

LR14	Are there any cracks or holes in ceilings or walls? If yes, specify: _____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
LR15	Have you seen evidence of teeth marks on window sills?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
LR16	Is there chipping/peeling paint in evidence? If so, where _____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
LR17	Does your family have a fire escape plan?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
LR18	If firearms are kept in the house are they stored out of reach in a childproof cabinet?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	

Living Room and/or TV Room

Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
CO Detector							
Porch Door Mat							
HEPA Vacuum							
HEPA Vac Filter							
Outlet Covers							
Pull-Cord Wind Up							
Safety Gate							
Smoke Alarms							
Smoking Cessation Kit							
Gun Trigger Lock							
Lead Cleaning Kit							
Fire Escape Plan							
Flat Screen TV Lock							
Furniture locks							
Window Locks							
Phase Two	Need Y/N/NA						Location of Product
Carpet Removal/Replace							
Moisture Control							
Electrical Issues							
Other: _____							

Visual Assessment and Intervention Survey

Kitchen						Visual Inspection	Notes
Room #							
K1	Does the kitchen have a gas or electric stove?					<input type="checkbox"/> Gas (1) <input type="checkbox"/> Electric (2) <input type="checkbox"/> Not Applicable (99)	
K2	Do you ever use your gas stove/oven to provide heat?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K3	Is there a vent with a working fan present over the stove? <i>Turn on fan to test</i>					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K4	Is the vent over the stove ventilated to the outside? <i>Look a outside wall to see if vent is in place</i>					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K5	Is there at least one window that can be opened in the room? <i>Ask to see window</i>					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
K6	What type of floor covering is present?					<input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
K7	Can you see evidence of? Water damage <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Condensation <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Water leaks/drips <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <i>If yes to any, source:</i>						
K8	Can you see evidence of? Mold/mildew <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <i>If yes, location:</i>						
K9	Are any of the following odors present?						
	Mold					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Fragrance (air fresher)					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Candles/incense					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Strong smelling cleaner or chemical					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Other					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	<i>If yes, specify:</i>						
K10	Is there evidence of smoking (smell, ashtrays with ashes)?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	

Visual Assessment and Intervention Survey

Kitchen Con't	Visual Inspection	Notes
K11	Are there outlet covers on all accessible outlets? <i>For children < 3 years</i> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K12	Are there any electrical outlets that have more than two appliances plugged in? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K13	Are there safety latches/locks on all cabinets & drawers within reach? <i>For children < 3 years</i> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
K14	Is the water temperature above 130 degrees F? <i>Test water temperature</i> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K15	Is there a poison control center number on the fridge or near the phone? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K16	Are there emergency contact numbers (non-emergency police/ fire and family members) listed on the fridge or near the phone <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K17	Are all Matches, lighters, cleaning products/chemicals stored out of reach? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K18	Has evidence of mice or rats (for example: feces, chew marks, dead rodents etc) been seen inside the home in the past month? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K19	Have cockroaches, or evidence of cockroaches (for example: feces, dead insects) been seen inside the home in the past month? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (99)	
K20	Do you or your landlord have the home treated for bugs on a regular basis? How many times in one year ____ method ____	
K21	Is the child present when house in being sprayed?	
K22	Is there evidence of cockroaches and/or rodents (traps, droppings, etc.)? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
K23	Level of food debris on surfaces (i.e. counters, sink and stove)? <input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4)	

Visual Assessment and Intervention Survey

Kitchen							
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Cabinet Safety Lock							
Cabinet Slide Lock							
Caulk							
Door Mat							
Fire Extinguisher							
Food Containers							
Murpheys Soap							
Nightlight							
Outlet Covers							
Pest-Mouse Trap							
Pest-Glue Pad							
Pest-Roach Bait							
Poison Control Sticker							
Pull-Cord Wind-Up							
Safety Gate							
Simple Green							
Spray Bottle							
Step Stool							
Stove Lock							
Trash Can with lid							
IPM Education							
Phase Two	Need Y/N/NA						Location of Product
Stove Vent Install							
Carpet Remove/Replace							
Plumbing Repair							
IPM Services							
Electical Issues							
Other _____							

Visual Assessment and Intervention Survey

Dining Room						Visual Inspection	Notes
Room #							
DR1	What type of floor covering is present?					<input type="checkbox"/> Skipped (88) <input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
DR2	Are any of the following odors present? Mold <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Fragrance (air freshener) <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Candles/incense <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Strong smelling cleaner or chemical <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Other <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Specify: _____						
DR3	Can you see evidence of? Mold/mildew <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If yes, location: _____						
DR4	Is there at least one window that can be opened in the room? Ask to see window					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
DR5	Level of dust on surface in the room?					<input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4)	
DR6	Can you see evidence of? Water damage <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Condensation <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Water leaks/drips <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If yes to any, source: _____						
DR7	Is there evidence of smoking (smell, ashtrays with ashes)?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
DR8	Is there a working smoke detector? (in dining room only)					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
DR9	Are there outlet covers on all accessible outlets? For children < 3 years					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
DR10	Are there any electrical outlets that have more than two appliances plugged in?					<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	

Visual Assessment and Intervention Survey

Dining Room							Notes
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Outlet Covers							
Pull-Cord Wind Up							
Safety Gate							
Smoke Alarms							
Furniture Locks							
Phase Two	Need Y/N/NA						Location of Product
Carpet Removal/Replace							
Moisture Control							
Electrical Issues							
Other: _____							

Visual Assessment and Intervention Survey

Child #1 Bedroom	Visual Inspection	Notes
Name of Child (ren): _____		Room # _____
Location of Bedroom		
C1B1	Are any of the following things used in the child's room? Room Air Conditioner <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) Central Air <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) Dehumidifier <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) Humidifier/Vaporizer <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) HEPA Room Filter <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
C1B2	How old is the mattress that your children sleep on? No of years. _____	
C1B3	How old are the pillows? No of years. _____	
C1B4	Does the child use a mattress cover that is especially made for controlling dust mites? <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
C1B5	Does the child use a pillow cover that is made especially for controlling dust mites? <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) <input type="checkbox"/> Carpeting (1)	
C1B6	What type of floor covering is present? <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
C1B7	Are there area rugs? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C1B8	Is there upholstered furniture present? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C1B9	Are there stuffed toys present? How many ____ <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C1B10	If there are children under 1, do they have their own sleeping area? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Skipped (88)	
C1B11	Is there at least one window that can be opened in the room? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C1B12	Do the window blinds have wind-ups for the cords? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
C1B13	Location of windows relative to child's bed _____	
C1B14	Is there a working smoke detector? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C1B15	Level of dust on surface in the room? <input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4)	

Visual Assessment and Intervention Survey

Child #1 Bedroom Con't	Visual Inspection	Notes
CIB16	Can you see evidence of?	
	Water damage	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Condensation	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Water leaks/drips	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Mold/mildew	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	If yes, note source:	
CIB17	Is there evidence of smoking (smell, ashtrays with ashes)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
CIB18	Are any of the following odors present?	
	Mold	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Fragrance (air fresher)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Candles/incense	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Strong smelling cleaner or chemical	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Other	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	If yes, specify:	
CIB19	Are there outlet covers on all exposed outlets? <i>For children < 3 years</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)
CIB20	Are there any electrical outlets that have more than two appliances plugged in?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)
CIB21	Are there any cracks or holes in ceilings or walls? If yes, specify:	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
CIB22	Is there evidence of teeth marks on window sill	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)
CIB23	Is there chipping/peeling paint in evidence? If so, where _____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

Visual Assessment and Intervention Survey

Child #1 Bedroom							
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Flashlight							
HEPA Room Air Purifier							
Carbon Replace Filter							
Mattress Cov-K							
Mattress Cov-Q							
Mattress Cov-F							
Mattress Cov-T							
Nightlight							
Outlet Covers							
Pillow Covers							
Pull-Cord Wind-up							
Smoke Alarms							
Window Locks							
Phase Two	Need Y/N/NA						Location of Product
Air Conditioner							
Mattress							
Box Spring							
Frame							
Crib							
Pillow							
Carpet Remove/Replace							
Other: _____							

Visual Assessment and Intervention Survey

Child #2 Bedroom		Visual Inspection	Notes
Not Applicable		<input type="checkbox"/> Skipped (88)	
Name of Children: _____			Room # _____
C2B1	Are any of the following things used in the child's room?		
	Room Air Conditioner	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
	Central Air	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
	Dehumidifier	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
	Humidifier/Vaporizer	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
	HEPA Room Filter	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
C2B2	How old is the mattress that your children sleep on?	No of years. _____	
C2B3	How old are the pillows?	No of years. _____	
C2B4	Does the child with asthma use a mattress cover that is especially made for controlling dust mites?	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) <input type="checkbox"/> Not Applicable (99)	
C2B5	Does the child with asthma use a pillow cover that is made especially for controlling dust mites?	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) <input type="checkbox"/> Not Applicable (99)	
C2B6	What type of floor covering is present?	<input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
C2B7	Are there area rugs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C2B8	Is there upholstered furniture present?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C2B9	Are there stuffed toys present? How many ____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C2B10	If there are children under 1, do they have their own sleeping area?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Skipped (88)	
C2B11	Is there at least one window that can be opened in the room?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C2B12	Do the window blinds have wind-ups for the cords?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
C2B13	Location of windows relative to child's bed		
C2B14	Is there a working smoke detector?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
C2B15	Level of dust on surface in the room?	<input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4)	
C2B16	Can you see evidence of?		
	Water damage	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Condensation	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	

Visual Assessment and Intervention Survey

	Water leaks/drips	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Mold/mildew	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	

Visual Assessment and Intervention Survey

Child #2 Bedroom		Visual Inspection	Notes				
C2B17	Is there evidence of smoking (smell, ashtrays with ashes)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
C2B18	Are any of the following odors present?						
	Mold	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Fragrance (air fresher)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Candles/incense	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Strong smelling cleaner or chemical	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Other	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	<i>If yes, specify:</i>						
C2B19	Are there outlet covers on all exposed outlets? For children < 3 years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
C2B20	Are there any electrical outlets that have more than two appliances plugged in?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
C2B21	Are there any cracks or holes in ceilings or walls? <i>If yes, specify:</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
C2B22	Is there evidence of teeth marks on window sill?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
C2B23	Is there chipping/peeling paint in evidence? If so, where _____	<input type="checkbox"/> Yes (1)					
Child #2 Bedroom							
Phase One	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Flashlight							
Mattress Cov-K							
Mattress Cov-Q							
Mattress Cov-F							
Mattress Cov-T							
Nightlight							
Outlet Covers							
Pillow Covers							
Pull-Cord Wind-up							
Smoke Alarms							
Window Locks							

Visual Assessment and Intervention Survey

PB7	Is there evidence of smoking (smell, ashtrays with ashes)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
PB8	Are any of the following odors present?						
	Mold	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Fragrance (air fresher)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Candles/incense	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Strong smelling cleaner or chemical	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Other	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	<i>If yes, specify:</i>						
PB9	Are there outlet covers on all exposed outlets? For children < 3 years	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
PB10	Are there any electrical outlets that have more than two appliances plugged in?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
Bedroom 3 (Parents)							
Phase One	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Flashlight							
Mattress Cov-K							
Mattress Cov-Q							
Mattress Cov-F							
Mattress Cov-T							
Nightlight							
Outlet Covers							
Pillow Covers							
Pull-Cord Wind-up							
Smoke Alarms							
Phase Two	Need Y/N/NA						Location of Product
Mattress							
Box Spring							
Frame							
Pillow							
Carpet Remove/Replace							
Other: _____							

Visual Assessment and Intervention Survey

Bedroom 4	Visual Inspection	Notes
Names: _____	Room # _____	
	Not Applicable <input type="checkbox"/> Skipped (88)	
Name of occupant (s): _____		
BR1	Does the occupant use a mattress cover that is especially made for controlling dust mites? <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) <input type="checkbox"/> Not Applicable (99)	
BR2	Does the occupant use a pillow cover that is made especially for controlling dust mites? <input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99) <input type="checkbox"/> Not Applicable (99)	
BR3	What type of floor covering is present? <input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
BR4	Is there at least one window that can be opened in the room? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
BR5	Do the window blinds have wind-ups for the cords? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BR6	Can you see evidence of?	
	Water damage <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	Condensation <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	Water leaks/drips <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	Mold/mildew <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	If yes, note source:	
BR7	Is there evidence of smoking (smell, ashtrays with ashes)? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
BR8	Are any of the following odors present?	
	Mold <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Fragrance (air fresher) <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Candles/incense <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Strong smelling cleaner or chemical <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Other <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	If yes, specify:	

Visual Assessment and Intervention Survey

	Are there outlet covers on all exposed outlets? <i>For children < 3 years</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	Are there any electrical outlets that have more than two appliances plugged in?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	Are there any cracks, holes, and/or peeling paint?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	<i>If yes, specify:</i>		
	Is there evidence of teeth marks on window sills?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	Is there chipping/peeling paint in evidence? If so, where _____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
Bedroom 4			
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)
			3-Month Present Y/N
			6-Month Present Y/N
			12-Month Present Y/N
			Location of Product
Flashlight			
Mattress Cov-K			
Mattress Cov-Q			
Mattress Cov-F			
Mattress Cov-T			
Nightlight			
Outlet Covers			
Pillow Covers			
Pull-Cord Wind-up			
Smoke Alarms			
Phase Two	Need Y/N/NA		Location of Product
Mattress			
Box Spring			
Frame			
Pillow			
Carpet Remove/Replace			
Vent Installation			
Plumbing Repairs			
IPM Services			
Other: _____			

Visual Assessment and Intervention Survey

Stairwell and Hallway to 2nd Floor							Visual Inspection	Notes
Stairway _____								
<input type="checkbox"/> Skipped (88)							<input type="checkbox"/> Skipped (88)	
S1	Are there window guards in upper story (leaving one on each floor for emergency exit/entrance)?						<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
S2	In the past month have you seen any evidence of exposed insulation in your home? Please list rooms: _____						<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/> Unk(99)	
S3	Is there a working smoke detector?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
S4	Is there a working CO detector near the sleeping area?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
S5	What type of floor covering is present?						<input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
S6	Can you see evidence of? Water damage Condensation Water leaks/drips <i>If yes to any, source: _____</i>						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
S7	Can you see evidence of? Mold/mildew <i>If yes, location: _____</i>						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
S8	Presence of clutter on stairwells and hallway						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
S9	Are there outlet covers on all exposed outlets? <i>For children < 3 years</i>						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
S10	Are there working lights present?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
S11	Are the stairs sturdy and in good condition?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
S12	Are the railings sturdy and in good condition?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
Stairwell and Hallway to 2nd Floor								
Phase One Interventions	Present (Y/N or NA)	# to Install	# T.A. Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product	
CO Detector								
Nightlight								
Outlet Covers								
Pull-Cord Wind-ups								
Smoke Alarms								
Safety Gates- Top of Stairs								
Phase Two	Need Y/N/NA						Location of Product	
Stairway railings								

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Location of Product

Visual Assessment and Intervention Survey

Bathroom 2							Visual Inspection	Notes
Room #								
BAT1	What type of floor covering is present?						<input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Other (3)	
BAT2	Does the bathroom where the family usually bathes or showers have a vent?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT3	Does the bathroom where the family usually bathes or showers have a window that opens?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT4	Is there a grab bar in showers/tubs (particularly if anyone over 60 is in residence)?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT5	All drugs and medicine stored out of reach?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT6	Can you see evidence of? Water damage <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Condensation <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) Water leaks/drips <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If yes to any, source: _____							
BAT7	Can you see evidence of? Mold/mildew <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If yes, location: _____							
BAT8	Are there outlet covers on all exposed outlets? <i>For children < 3 years</i>						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT9	Are electrical devices currently plugged in?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
BAT10	Is there a working night light in the bathroom?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
Bathroom 1								
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product	
Cabinet Safety Locks								
Cabinet Slide Locks								
First Aid Kit								
Bath Mat								
Shower Curtain								
Thermometer								
Phase Two							Location of Product	
Carpet Remove								
Grab bar Installation								
Plumbing Repairs							Revision I 11/1/2010	
Vent Installation								

Visual Assessment and Intervention Survey

Stairwell to Basement							Visual Inspection		Notes	
Stairway # _____										
Not Applicable							<input type="checkbox"/> Skipped (88)			
SB09	Are there working lights present?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)			
SB10	Are the stairs sturdy and in good condition?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)			
SB11	Are the railings sturdy and in good condition?						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)			
SB12	Presence of clutter on stairwells and hallway						<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)			
Stairwell to Basement										
Phase One Interventions		Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product		
Smoke Alarms										
Safety Gates- Top of Stairs										
Fire Extinguisher										
Phase Two		Need Y/N/NA						Location of Product		
Other: _____										

Visual Assessment and Intervention Survey

Basement or Crawlspace	Visual Inspection	Notes
	Not Applicable	<input type="checkbox"/> Skipped (88)
BAS1	What type of floor covering is present? <i>Check all that apply</i>	<input type="checkbox"/> Carpeting (1) <input type="checkbox"/> Hardwood, tile, or vinyl (2) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (4)
BAS2	Is the carpet damp to the touch?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)
BAS3	<i>If yes, ask: more than 48 hours?</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Skipped (88)
BAS4	Is there at least one window that can be opened in the room?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
BAS5	Can you see evidence of?	
	Water damage	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Condensation	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Water leaks/drips	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Mold/mildew	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	If yes, note source:	
BAS6	Is there evidence of cockroaches and/or rodents (traps, droppings, etc.)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
BAS7	Is there evidence of smoking (smell, ashtrays with ashes)?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
BAS8	Are there gaps between construction materials and pipes that could allow pests to enter the house?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)
BAS9	Are any of the following odors present?	
	Mold	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Fragrance (air fresher)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Candles/incense	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Strong smelling cleaner or chemical	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	Other	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
	If yes, specify:	
BAS10	Are there outlet covers on all exposed outlets? <i>For children < 3 years</i>	<input type="checkbox"/> Not Applicable (99) <input type="checkbox"/> No (2) <input type="checkbox"/> Yes (1)
BAS11	Are there any electrical outlets that have more than two appliances plugged in?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)

Visual Assessment and Intervention Survey

Basement or Crawlspace Con't	Visual Inspection	Notes
BAS11	Does the heating system use a fuel-burning appliance (such as oil or gas)? Ask to look at the filter <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (77)	
BAS12	<i>If yes, how often is filter changed?</i> <input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4) <input type="checkbox"/> Skipped (88)	
BAS13	Is there a working central air conditioning system in the home? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (77)	
BAS14	Is there a working clothes dryer present? Gas or electric: _____ <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
BAS15	<i>If yes, is it vented properly to the outside?</i> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Skipped (88)	
BAS16	Is the temperature on the water heater set between 120 and 130 degrees? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Unknown (77)	
BAS17	Level of clutter within main room of the basement? <input type="checkbox"/> None (1) <input type="checkbox"/> Slight (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Heavy (4)	

Visual Assessment and Intervention Survey

Basement or Crawlspace							
Phase One Interventions	Present (Y/N or NA)	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Caulk							
Foam Crack Sealant							
Furnace Filter							
Outlet Covers							
Pest-Mouse Trap							
Pest-Glue Pad							
Pest-Roach Bait							
Smoke Alarm							
Radon Test							
Storage Boxes							
Fire Blanket							
Phase Two	Need Y/N/NA						Location of Product
Repair/Replace Dryer Vent							
HVAC Maintenance							
Plumbing Repair							
IPM Services							
Garbage Removal							
Ventilation Improvements							
Dehumidifier							
Carpet Remove/Replace							
Other: _____							

Visual Assessment and Intervention Survey

Building Exterior/Outside	Visual Inspection	Notes
OUT1	<p>Are there locks present on front and back doors and basement doors</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Are there locks present on first floor windows?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Are flood lights present in the backyard?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Have you had any problems with the roof (i.e. sagging, holes, or missing materials)?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	<p>In the past month have you seen any evidence of structural damage in your home?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	<p>Does water spill onto siding or foundation because of missing or broken gutters and/or downspouts?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Do you see any walls with missing bricks, siding, shingles, etc?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is there any paint peeling or flaking on the outside of the house?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Are stairs, railings, porches and balconies sturdy and in good condition?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Are there gaps between construction materials and pipes that could allow pests to enter the house?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is soil or vegetation in contact with the siding of the house?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is there any broken glass or egress impaired?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is there accumulated garbage or debris on the property?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is there evidence of smoking in the yard (i.e. cig butts, ashtray, etc?)</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	
	<p>Are there any buckets that are improperly stored (accessible or not empty)? <i>If child <3 years</i></p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Is there play equipment located within the yard sturdy and in good condition?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	
	<p>Are there bare soil areas where the child likes to play?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	Revision 11/1/2010

Visual Assessment and Intervention Survey

	Is there an accessible pool, spa or pond that is not enclosed by a four sided fence? <i>If child < 8 years</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Have nearby buildings or structures (bridge, water tower, homes, etc.) recently been repainted, demolished or burned?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)					
	Is there a garden in the house	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)	Location: _____ Types of vegetables: _____				
	Is there chipping or peeling paint on the back porch?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Is there evidence of structural damage to the back porch?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Is there chipping or peeling paint on the front porch?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Is there evidence of structural damage to the front porch?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Is there chipping or peeling paint on the garage?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
	Is there evidence of structural damage to the garage?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Applicable (99)					
Phase one Interventions	Need Y/N/NA	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	Location of Product
Foam Crack Sealant							
Lead Kit (Pre 1978)							
Gutter Extenders							
Phase Two	Need Y/N/NA						Location of Product
Minor Roof Repair							
Gutter Installation/ Repair							
Ventilation (soffit, roof, foundation vents)							
IPM Services							
Landscaping							
Garbage Removal							Revision I 11/1/2010
Play Equipment Repair							

Visual Assessment and Intervention Survey

General Phase One Intervention	Need Y/N/NA	# to Install	# TA Installed (actual)	3-Month Present Y/N	6-Month Present Y/N	12-Month Present Y/N	
Smoking Cessation							Residents: _____
Gun Locks							Rooms: _____
Lead Education							
Minor Home Repair							Where: _____
Phase Two interventions with partners	Need Y/N/NA						Location of Product
Mold Remediation							
Safety for Special needs							
Carpet Removal/ Replacement							
Asthma Management							
MDCH Lead grant							
PDD Lead grant							
PDD Minor Home Repair Grant							
BSE Code Inspection							
DHS Emergency Food							
DHS Weatherization							
DHS Help with Property Taxes							
WARM weatherization							
WCPO Enforcement							
Relocation Program							
HOUSING INSPECTION SUMMARY							
Partner Rehab or Lead Work Cost (\$)							
Total Project Cost (\$)							
Areas of Home Assessed							
# of Rooms being Treated							
Interventions Addressed							



CLEARCorps/Detroit announces...

Healthy Homes Detroit

A Project to make homes safe, healthy, and energy efficient!

Help create a safe and healthy home for your children!



FREE information and resources for your family!

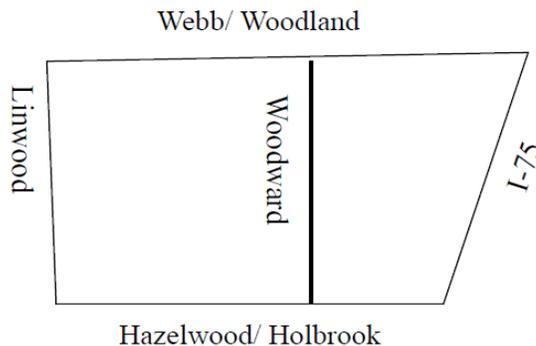
Healthy Homes Detroit offers...

- ⇒ Free Healthy Homes audit for your home
- ⇒ Free Healthy Homes products
- ⇒ Educational materials on lead poisoning prevention, asthma triggers, and home safety
- ⇒ Information on grant programs for your home

You Can Enroll if...

- ⇒ If you have a child under age 6 or frequent child visitor under age 6 OR if you have a child under age 18 with asthma AND
- ⇒ If you live within this target area:

Healthy Homes Detroit Target Area



Healthy Homes Detroit is a project of CLEARCorps/Detroit and the Detroit/Wayne County Green and Healthy Homes Collaborative.

FUNDED BY SKILLMAN & KRESGE FOUNDATIONS

Contact Healthy Homes Detroit at 313.924.4000 or rw@clearcorpdsdetroit.org



CLEARCorps Detroit - Allowable Costs Chart				
	Direct Healthy Homes Remediation Costs	Other Direct Costs	Administrative Costs	Program Budget
Salaries				
	\$25,800	\$15,480	\$10,320	\$51,600
	\$100,800	\$25,200	\$0	\$126,000
Americorps Member	\$48,000	\$0	\$0	\$48,000
Community Liason	\$48,000	\$0	\$0	\$48,000
Student Intern	\$12,000	\$0	\$0	\$12,000
Total Salaries	\$234,600	\$40,680	\$10,320	\$285,600
Americorps Member	\$14,400	\$0	\$0	\$14,400
Community Liason	\$14,400	\$0	\$0	\$14,400
Total Fringe Benefits	\$66,780	\$12,204	\$3,096	\$82,080
Transportation				
Local Travel	\$5,400	\$0	\$0	\$5,400
Travel (airfare, other, per diem)	\$0	\$12,000	\$0	\$12,000
Total Transportation	\$5,400	\$12,000	\$0	\$17,400
Supplies and Materials				
HH Materials	\$100,800	\$25,200	\$0	\$126,000
Office Supplies	\$7,198	\$7,198	\$0	\$14,396
Family Incentives	\$5,400	\$0	\$0	\$5,400
Total Supplies and Materials	\$113,398	\$32,398	\$0	\$145,796
Consultants				
Michigan Department of Community Health	\$0	\$10,800	\$0	\$10,800
Total Consultants	\$0	\$10,800	\$0	\$10,800
Contracts and Sub-grantees				
WSU Center for Urban Studies	\$30,600	\$71,400	\$0	\$102,000
Michigan Public Health Institute	\$0	\$24,000	\$0	\$24,000
Detroit Department of Health and Wellness Promotion	\$15,900	\$0	\$0	\$15,900
Childrens Hospital - Asthma Prevention	\$15,900	\$0	\$0	\$15,900
Asthma and Allergy Foundation of America - Michigan Chapter	\$24,000	\$0	\$0	\$24,000
Wayne County Prosecutor's Office	\$10,800	\$2,700	\$0	\$13,500
Young Detroit Builders	\$80,000	\$0	\$0	\$80,000
Total Contracts and Sub-Grantees	\$177,200	\$98,100	\$0	\$275,300
Relocation Expenses				
Family Relocation	\$5,000	\$0	\$0	\$5,000
Total Relocation Expenses	\$5,000	\$0	\$0	\$5,000
Construction				
Contractors	\$79,500	\$0	\$0	\$79,500
Total Construction	\$79,500	\$0	\$0	\$79,500
Other Direct Costs				
Building Rent	\$0	\$11,400	\$0	\$11,400
Community Expenses	\$0	\$6,200	\$0	\$6,200
Phone and Internet Access	\$3,600	\$3,600	\$0	\$7,200
Staff and Collaborative Agency Training	\$0	\$9,000	\$0	\$9,000
Healthy Homes Van	\$17,100	\$0	\$0	\$17,100
Total Other Direct Costs	\$20,700	\$30,200	\$0	\$50,900
Indirect Cost	\$0	\$0	\$47,619	\$47,619
TOTAL HUD COSTS	\$702,578	\$236,382	\$61,035	\$999,995
Percentage Allocation	70%	24%	6%	100%

The map below shows an overhead street view of a house in the HHD target area with 4 previous lead poisoning cases. Upon clicking on the number, a residential image inlay appears with key information such as an image of the house, property address, and year built. The database also contains information on the property such as number of lead poisoning cases and year of most recent poisoning, owner information, rental status, home hazard abatement history, and previous inspection reports. This dynamic mapping feature is a key component in the Detroit Healthy Homes Database.

