



**Drug  
Endangered  
Children  
Home Checklist**

Case / Investigation #: \_\_\_\_\_

Date: Click here \_\_\_\_\_

Address Checked: \_\_\_\_\_

**PROFESSIONALS**

Professional's Name	Contact Number and email	Filling out form:
Law Enforcement Contact:		<input type="checkbox"/>
Child Welfare Contact:		<input type="checkbox"/>
Fire/EMS Contact:		<input type="checkbox"/>
Medical/ED Contact:		<input type="checkbox"/>
Other Professional's Contact:		<input type="checkbox"/>

**CHILD(REN)**

Child(ren)'s Name(s)	DOB:	Important Info	Current Residence Address
	Click here		
	Click here		
	Click here		
	Click here		

**SUSPECT/PERPETRATOR**

Suspect / Alleged Perpetrator	DOB:	Contact Number:	Address:
	Click here		
	Click here		
	Click here		
	Click here		

**PHOTOGRAPHS**

	Photographs	Notes (e.g. risks, dangers, signs of children)
<input type="checkbox"/>	Photographs of the perimeter/outside of house	
<input type="checkbox"/>	Photographs of the interior/rooms of house	
<input type="checkbox"/>	Specific photographs of children's domain (e.g. bedroom, play area, backyard)	
<input type="checkbox"/>	Photographs of legal/illegal drugs and substances, drug paraphernalia, drug labs, and drug grows, etc.	
<input type="checkbox"/>	Photographs of household dangers to children(see below)	
<input type="checkbox"/>	Photographs of the perimeter/outside of vehicles	
<input type="checkbox"/>	Photographs of the interior of vehicles	
<input type="checkbox"/>	Other	

## EVIDENCE & OTHER PHOTOGRAPHS

Observations		Notes (e.g. risks, dangers, signs of children)
<b>Always look for:</b> <ul style="list-style-type: none"> <li>Any signs of children</li> <li>Drugs/harmful substances; prescription medication; chemicals; drug paraphernalia; lab precursors/remnants; cultivation items</li> <li>Clutter; electrical problems; trash; filth; other hazards</li> <li>Insects/rodents; harmful animals; feces/urine</li> <li>Weapons</li> </ul>	<input type="checkbox"/>	
<b>Kitchen:</b> <ul style="list-style-type: none"> <li>Lack of food/drink; moldy/rotten food; dirty dishes</li> </ul>	<input type="checkbox"/>	
<b>Family/living Room:</b> <ul style="list-style-type: none"> <li>Clutter; garbage; broken furniture; holes in walls</li> <li>Moldy/rotten food</li> </ul>	<input type="checkbox"/>	
<b>Child's bedroom:</b> <ul style="list-style-type: none"> <li>Soiled bed/bedding; inappropriate bed; lack of bed</li> <li>Dirty clothes; broken furniture; broken/dirty toys</li> <li>No window glass/screens</li> <li>Clutter; holes in walls; no toys; broken/dirty toys</li> </ul>	<input type="checkbox"/>	
<b>Bathrooms:</b> <ul style="list-style-type: none"> <li>Electrical hazards; toilet overflowing or not working</li> <li>Tub/shower not working</li> <li>Clutter; overflowing garbage; holes in walls</li> </ul>	<input type="checkbox"/>	
<b>Garage/Storage:</b> <ul style="list-style-type: none"> <li>Overflowing garbage; broken items; dangerous tools; chemicals</li> </ul>	<input type="checkbox"/>	
<b>Basement:</b> <ul style="list-style-type: none"> <li>Overflowing garbage; broken items; chemicals</li> </ul>	<input type="checkbox"/>	
<b>Caregiver's Bedroom:</b> <ul style="list-style-type: none"> <li>Holes in walls; broken furniture</li> <li>Pornography/sex toys; weapons</li> </ul>	<input type="checkbox"/>	
<b>Children:</b> <ul style="list-style-type: none"> <li>Physical injuries: cuts, welts, bruises, burn, etc.</li> <li>Untreated medical issues; untreated mental health issues</li> <li>Dirty/filthy; parentified; no bond with caregiver</li> <li>Afraid; developmentally delayed; odd behavior</li> </ul>	<input type="checkbox"/>	
<b>Caregiver/Other Adults:</b> <ul style="list-style-type: none"> <li>Impaired/intoxicated; medical issues; mental health issues uncooperative; not protective of child; no bond with child</li> <li>Violent/aggressive; demeaning; arrested</li> <li>Criminal history; child welfare history</li> </ul>	<input type="checkbox"/>	
<b>Other:</b> <ul style="list-style-type: none"> <li>Utilities not working</li> <li>Unknown items in residence</li> <li>Locked doors/rooms not able to enter</li> <li>Yards/outside space: electrical cords, dangerous tools, garbage</li> </ul>	<input type="checkbox"/>	

Drug Field Testing			
	Items Tested	Description	Results
<input type="checkbox"/>	Children's Toys		N/A
<input type="checkbox"/>	Children's Toys		N/A
<input type="checkbox"/>	Children's Toys		N/A
<input type="checkbox"/>	Children's Toys		N/A
<input type="checkbox"/>	Child's Bedding		N/A
<input type="checkbox"/>	Child's Bedding		N/A
<input type="checkbox"/>	Adult's Bedding		N/A
<input type="checkbox"/>	Adult's Bedding		N/A
<input type="checkbox"/>	Carpet		N/A
<input type="checkbox"/>	Carpet		N/A
<input type="checkbox"/>	Furniture		N/A
<input type="checkbox"/>	Furniture		N/A
<input type="checkbox"/>			N/A
<input type="checkbox"/>			N/A

DRUGS FOUND							
	Drug Present	Field Test Results	Location		Drug Present	Field Test Results	Location
<input type="checkbox"/>	Methamphetamine	N/A		<input type="checkbox"/>	Marijuana: Extract	N/A	
<input type="checkbox"/>	Amphetamine	N/A		<input type="checkbox"/>	Marijuana: Raw	N/A	
<input type="checkbox"/>	Meth Lab	N/A		<input type="checkbox"/>	Marijuana: Grow	N/A	
<input type="checkbox"/>	Cocaine	N/A		<input type="checkbox"/>	Marijuana: Edible	N/A	
<input type="checkbox"/>	LSD	N/A		<input type="checkbox"/>	Marijuana: Other	N/A	
<input type="checkbox"/>	Ecstasy	N/A		<input type="checkbox"/>	RX Drugs:	N/A	
<input type="checkbox"/>	Bath Salts	N/A		<input type="checkbox"/>	Bath Salts	N/A	
<input type="checkbox"/>	Heroin	N/A		<input type="checkbox"/>	Synthetics	N/A	
<input type="checkbox"/>	Inhalants	N/A		<input type="checkbox"/>	PCP	N/A	