Home Inspection Safety Checklist Form

Family Name: _____ ☐ Initial ☐ Re-evaluation ☐ Other (Explain)

_____

1. Household Requirements

Yes	No	N/A	Will comply	
☐	☐	☐	☐	A properly operating kitchen with a sink, refrigerator, stove, and oven.
☐	☐	☐	☐	At least one properly operating bathroom with a toilet, sink and tub or shower.
☐	☐	☐	☐	Heating and/or cooling system throughout the home and is in safe operating condition.
☐	☐	☐	☐	Garbage, refuse and other wastes disposed of in a way that does not constitute a health hazard.
☐	☐	☐	☐	Home is free from rodents and insect infestation.
☐	☐	☐	☐	Unvented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems may be operated in foster homes. Examples include portable heaters, free standing fireplaces, and tabletop fireplaces.
☐	☐	☐	☐	Steps or railings sturdy, appropriately spaced and in good repair.
☐	☐	☐	☐	Extension cords in good repair.
☐	☐	☐	☐	Electrical outlets covered and not overloaded.
☐	☐	☐	☐	Electrical appliances and cords out of young children's reach.
☐	☐	☐	☐	Radiators, hot water pipes and fireplaces covered.
☐	☐	☐	☐	Exits and stairways gated or otherwise secured for infants and young children.
☐	☐	☐	☐	Rugs and other moveable floor coverings safely secured.
☐	☐	☐	☐	Cleaning materials stored in locked cabinets, inaccessible to children.
☐	☐	☐	☐	Toys safe, clean and in good repair.
☐	☐	☐	☐	Decorative crib mobiles out of the reach of young children.
☐	☐	☐	☐	Knives, scissors and other sharp instruments kept out of the reach of young children.
☐	☐	☐	☐	Windows, screens and balcony doors in multi-story buildings secured by safety catches.

1. **Household Requirements** continued

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Cords on blinds and drapes constructed without loops and kept out of the reach of young children.
☐	☐	☐	☐	Television sets on tables or stands stationed.

If you selected "Will Comply" for any of the items under Household Requirements, document the plan to follow-up on the necessary items and provide a follow-up date.

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2. Communication

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Has a working phone or access to a working phone within close walking proximity.
☐	☐	☐	☐	List of emergency telephone numbers readily accessible.

If you selected "Will Comply" for any of the items under Communication, document the plan to follow-up on the necessary items and provide a follow-up date.

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3. Weapons

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Weapons, including firearms, air rifles, bows and hunting slingshots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children.
☐	☐	☐	☐	All ammunition is locked away and stored in a separate location from firearms in the home.

If you selected "Will Comply" for any of the items under Weapons, document the plan to follow-up on the necessary items and provide a follow-up date.

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4. Fire Safety

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Operable smoke alarms are installed on each level of the home outside sleeping areas.
☐	☐	☐	☐	Written Fire/Emergency Evacuation Plan established and posted in a prominent place in the home and regularly reviewed with all family members.
☐	☐	☐	☐	Flashlight(s) in working order; easily accessible in emergency.
☐	☐	☐	☐	Each home has an operable ABC rated fire extinguisher.
☐	☐	☐	☐	Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas.
☐	☐	☐	☐	Exits and hallways well-lit and uncluttered.
☐	☐	☐	☐	Fireplace/woodstoves installed as per specification of the local fire department.
☐	☐	☐	☐	Fireplace screens or front guards in use; combustible deposits removed regularly.

If you selected "Will Comply" for any of the items under Fire Safety, document the plan to follow-up on the necessary items and provide a follow-up date.

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5. Sleeping Arrangements

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Infant cribs in compliance with government safety standards.
☐	☐	☐	☐	Separate bed with suitable mattress for each child.
☐	☐	☐	☐	Bedrooms occupied by children do not have external door locks.
☐	☐	☐	☐	Security cameras or video recording devices are not in bedrooms or bathrooms where children will be.
☐	☐	☐	☐	Bedrooms occupied by children have a window.
☐	☐	☐	☐	Clothing storage space available for child's personal belongings.
☐	☐	☐	☐	No bedroom is in a building detached from the home, an unfinished attic or unfinished basement, or a stairway hall.

If you selected "Will Comply" for any of the items under Sleeping Arrrangements, document the plan to follow-up on the necessary items and provide a follow-up date.

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6. Medicines and Hazardous Substances

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Medications and other potentially hazardous pharmaceutical substances stored in locked cupboard inaccessible to children.
☐	☐	☐	☐	All hazardous substances including, but not limited to, flammable and poisonous substances, medications, and industrial cleaning supplies are stored out of the reach of children.

If you selected "Will Comply" for any of the items under Medicines and Hazardous Substances, document the plan to follow-up on the necessary items and provide a follow-up date.

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7. Specific Safety Precautions

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Inform and instruct child about potential danger of certain types of farm equipment, structures and livestock (where applicable).
☐	☐	☐	☐	Inform and instruct child about water safety and potential danger of specific water hazards i.e. wells, water troughs, lakes, rivers, reservoirs, culverts, ponds, swimming pools, hot tubs and spas.
☐	☐	☐	☐	Swimming pools on property are secured with a locked gate, or if rear of home is used as barrier that a 80 decibel alarm is installed and activated.
☐	☐	☐	☐	Know or learn how to swim within the first 60 days of approval or within 60 days of acquiring a swimming pool.
☐	☐	☐	☐	Swimming pools are equipped with lifesaving and flotation devices, such as reaching poles and ring buoys.
☐	☐	☐	☐	Internet adult sites, adult videos, and other such adult materials are inaccessible to children.
☐	☐	☐	☐	Precautions in place to protect children from second-hand smoke (home and vehicles are smoke free).

If you selected "Will Comply" for any of the items under Specific Safety Precautions, document the plan to follow-up on the necessary items and provide a follow-up date.

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8. Pets

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Pets have been inoculated and shots are up-to-date.
☐	☐	☐	☐	Potentially dangerous situations involving animals discussed and understood.

If you selected "Will Comply" for any of the items under Pets, document the plan to follow-up on the necessary items and provide a follow-up date.

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9. Automobile Safety

Yes	No	N/A	Will comply	
☐	☐	☐	☐	Automobile in safe operating condition.
☐	☐	☐	☐	Current Registration and Automobile Insurance for each vehicle.
☐	☐	☐	☐	Valid Driver's License for each person transporting children.
☐	☐	☐	☐	Equipped with child safety seats for infants/young children.
☐	☐	☐	☐	Equipped with booster seats for older children, less than 8 years of age or weighing less than 80 lbs.
☐	☐	☐	☐	Equipped with safety seat belts for each person.
☐	☐	☐	☐	All safety seats and belts meet standard safety regulations.

If you selected "Will Comply" for any of the items under Automobile Safety, document the plan to follow-up on the necessary items and provide a follow-up date.

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10. Water Source

Yes	No	Source
☐	☐	Municipal Water Sytem
☐	☐	Well Water System If well water, date of last test: _____ Test Results: _____

If you selected "Will Comply" for any of the items under Water Source, document the plan to follow-up on the necessary items and provide a follow-up date.

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Investigations/Policy Violations/Corrective Action Plans

Mark an "X" next to each statement that is appropriate for this family/caregiver

- ☐ No investigations occurred during this review period
- ☐ No policy violations occurred during the re-evaluation period
- ☐ No corrective action plans were effective during this re-evaluation period
- ☐ Yes, the family has had at least one or more CPS Investigation during the review period
- ☐ Yes, the family has received at least one or more policy violations during the review period
- ☐ Yes, the family has received at least one or more corrective action plan during the review period

Continued Parent Development

Training Title	Primary Caregiver Hours Obtained	Secondary Caregiver Hours Obtained	Date Completed
Total Training Hours	0	0	

Assessor Assessment Statement

I attest that the information provided in this report is true and accurate.

Assessment Completed By: _____ Date of Review: _____

Assessor's Signature: _____ Date: _____