**Foster Home Inspection Checklist**

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| **Foster Parent(s):** |  | **Date of inspection:** |  |
| **Address:**  |  |
| **Telephone:**  |  | **Email address:** |  |
| **Purpose of review:** **[ ]  Initial inspection** **[ ]  Annual** **[ ]  Other:** |  |
| **Compliance Codes: Compliant=C Not Applicable=NA Not Compliant=NC Not Determined=ND** |

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|  | Compliance Status |
| * Home is maintained and does not present a threat to health or safety? Complies with State and local laws, codes, regulations, and ordinances?
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| * Home’s walls, floors, and ceilings are intact? No exposed wiring, falling plaster, or dangerous holes? Windows and doorways used for ventilation have screens in good repair?
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| * Hazardous materials stored out of children’s reach? Labeled hazardous liquids and powders?
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| * If serving children under five, plastic bags and window blind cords/strings out of children’s reach?
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| * Home free of rodent and insect infestation?
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| * If serving children preschool-age or younger, electrical outlets and power strips covered?
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| * Heating and cooling equipment safety shielded?
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| * Working carbon monoxide alarm when home has an attached garage or fuel-fired heating equipment?
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| * Home has safe drinkable water? Plumbing in good working condition?
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| * Home has working toilet, sink, and tub/shower? Sink and tub/shower supply hot and cold water? Water temperature at or below 120°F?
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| * Any large outdoor play equipment is anchored?
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| * Home is free from any fire hazard? Exits are accessible and not blocked?
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| * Smoking and vaping prohibited in home and in presence of children?
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| * Kitchen, areas for food preparation, storage and serving, and utensils are clean?
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| * Home has adequate food?
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| * Home has refrigerator and stove in good working condition?
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| * Built-in pool is fenced as required and inaccessible to children when not in use?
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| * Gun owner has current permit and valid registration? Guns and ammunition stored in locked container, inaccessible to children, and stored separately?
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| * Home has stocked first aid kit?
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| * Safety gates used for stairways of four or more steps when children under three are in care?
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| * Charged 2A-10 BC fire extinguisher easily accessible in kitchen?
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| * Hard-wired or working battery-operated smoke alarm installed?
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| * Home has evacuation plan with demonstration to each child? Drills practiced twice a year?
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| * Pet care safe and sanitary? Pets vaccinated as required? Prohibited pets not present?
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| * Any foster parent transporting children has valid driver’s license and current vehicle insurance?
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| * Foster parent instructed to use and uses individual safety restraints for children? Instructions for restraints followed? Restraints kept in safe working condition, not recalled, and not expired?
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| * Child care plan provided to agency, if applicable?
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| * Home business approval from agency, if applicable?
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| * Dual service agreement updated annually, if applicable?
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| * Current CPR and first aid certification?
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| * Health appraisal for foster parent and all household members updated every two years?
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| * Home study accurate? If not, was an addendum created?
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| * Foster parent reminded to report any subsequent arrests or child abuse or neglect allegations to agency?
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| * Background check completed within 5 days of a household member turning 18, if applicable?
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| * Income verified?
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| * Annual training completed, if applicable
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| Compliance Record |
| Correction types: | **Document = D** | **Telephone call = T** | **Email = E** | **Facility visit = FV** | **Picture = P** | **Fax = F** |
| Regulation | **Comments/corrective action** | **Correction due date and type** | **Date corrected** |
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| Approval recommendation: |
| I verify that the findings reported above for this facility are true to the best of my knowledge. |
|  |  |  |
| Date | Child Placing Agency staff member [print name] | Child Placing Agency staff member [signature] |
| I verify that the findings reported above for this facility are true to the best of my knowledge. |
|  |  |  |
| Date | Foster Applicant/Parent [print name] | Foster Applicant/Parent [signature] |