**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? |  |
| * 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? |  |
| * Hazardous materials stored out of children’s reach? Labeled hazardous liquids and powders? |  |
| * If serving children under five, plastic bags and window blind cords/strings out of children’s reach? |  |
| * Home free of rodent and insect infestation? |  |
| * If serving children preschool-age or younger, electrical outlets and power strips covered? |  |
| * Heating and cooling equipment safety shielded? |  |
| * Working carbon monoxide alarm when home has an attached garage or fuel-fired heating equipment? |  |
| * Home has safe drinkable water? Plumbing in good working condition? |  |
| * Home has working toilet, sink, and tub/shower? Sink and tub/shower supply hot and cold water? Water temperature at or below 120°F? |  |
| * Any large outdoor play equipment is anchored? |  |
| * Home is free from any fire hazard? Exits are accessible and not blocked? |  |
| * Smoking and vaping prohibited in home and in presence of children? |  |
| * Kitchen, areas for food preparation, storage and serving, and utensils are clean? |  |
| * Home has adequate food? |  |
| * Home has refrigerator and stove in good working condition? |  |
| * Built-in pool is fenced as required and inaccessible to children when not in use? |  |
| * Gun owner has current permit and valid registration? Guns and ammunition stored in locked container, inaccessible to children, and stored separately? |  |
| * Home has stocked first aid kit? |  |
| * Safety gates used for stairways of four or more steps when children under three are in care? |  |
| * Charged 2A-10 BC fire extinguisher easily accessible in kitchen? |  |
| * Hard-wired or working battery-operated smoke alarm installed? |  |
| * Home has evacuation plan with demonstration to each child? Drills practiced twice a year? |  |
| * Pet care safe and sanitary? Pets vaccinated as required? Prohibited pets not present? |  |
| * Any foster parent transporting children has valid driver’s license and current vehicle insurance? |  |
| * 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? |  |
| * Child care plan provided to agency, if applicable? |  |
| * Home business approval from agency, if applicable? |  |
| * Dual service agreement updated annually, if applicable? |  |
| * Current CPR and first aid certification? |  |
| * Health appraisal for foster parent and all household members updated every two years? |  |
| * Home study accurate? If not, was an addendum created? |  |
| * Foster parent reminded to report any subsequent arrests or child abuse or neglect allegations to agency? |  |
| * Background check completed within 5 days of a household member turning 18, if applicable? |  |
| * Income verified? |  |
| * 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. | | | | | | | | | | | |
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| 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] | | | | |