

FOSTER HOME PHYSICAL ENVIRONMENT SAFETY CHECKLIST

Applicant's Name: _____

1. Exterior premises are clean and free from dangerous or hazardous conditions. Yes ___ No ___
2. Cooking and refrigeration equipment are in a clean and sanitary condition and in working order. Yes ___ No ___
3. Living areas are comfortable and accessible. Yes ___ No ___
4. Bedroom space is adequate for each foster child, including separate rooms for opposite sex children. Yes ___ No ___
5. Clean, comfortable mattress, linens, blankets and pillows provided. Yes ___ No ___
6. Every sleeping room has two exits. Yes ___ No ___
7. All foster children have their own beds. Yes ___ No ___
8. Home has a functioning bathroom, including hot and cold running water, shower, bathtub, wash basin and toilet. Yes ___ No ___
9. Home has a working telephone. Yes ___ No ___
10. Household poisons are properly labeled and are out of reach of children. Yes ___ No ___
11. Unloaded fire arms and ammunition are stored in separate locked places. Yes ___ No ___
12. Pets have up-to-date rabies vaccinations. Yes ___ No ___
13. Home has operational smoke detectors on all levels (within 10 feet of each bedroom). Yes ___ No ___
14. Home has a 5 lb. fire extinguisher on each level and in the kitchen. Yes ___ No ___
15. Furnace, stoves, heaters, heating & air units, etc. are properly vented and are operating in accordance with manufacturer's specifications. Yes ___ No ___
16. Fire places, wood or coal burners meet standards including screen. Yes ___ No ___
17. Electrical wiring is properly insulated and free of exposure. Yes ___ No ___
18. Protective safety caps are in place in electrical outlets. Yes ___ No ___

Foster Home Physical Environment Safety Checklist Continued:

19. Motor vehicles are in safe operating condition. Yes ___ No ___
20. Appropriate car seat and seat belts in use by family. Yes ___ No ___
21. Copy of current home owners or renter's insurance provided to agency. Yes ___ No ___
22. Copy of current driver's license provided to agency. Yes ___ No ___
23. Copy of current automobile insurance provided to agency. Yes ___ No ___
24. Medications are kept in a locked box or area. Yes ___ No ___
25. Clothes dryer properly vented and lint free. Yes ___ No ___
26. Swimming pool meets standards. N/A ___ Yes ___ No ___
- A. Swimming pool safety devices in place (ring buoy, rescue tube, flotation device attached to rope that covers pool). N/A ___ Yes ___ No ___
- B. Swimming pool owners (both foster parents) certified in basic water safety course – copy provided to agency. N/A ___ Yes ___ No ___
27. Hot tub/spa meets standards. N/A ___ Yes ___ No ___
(includes available locked safety cover, includes clock or timer, water temperature not to exceed 104 degrees).

Foster Father _____

Foster Mother _____

Licensure Worker _____

Date _____