

Name(s): _____

Address: _____

City: _____

State: _____ County: _____

Zip: _____ Phone: _____

Was this visit unannounced? Yes _____ No _____

Others living in home:

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

- Number of dogs: _____
- Number of cats: _____
- Other pets: _____
- Number of children under 2 years: _____
- Number of children ages 2 - 6: _____
- Number of children 6 - 12: _____
- Total amount of usable indoor space:
 Square footage: _____
- Is food preparation area clean?
 YES _____ NO _____
- Are furnace and hot water space free of
 combustible materials?
 YES _____ NO _____
- Are poisonous, caustic or other hazardous
 materials stored properly?
 YES _____ NO _____
- Are medications and vitamins properly
 stored and locked?
 YES _____ NO _____
- Are potential burn hazards (i.e. fireplace, wood
 burning stove, etc.) screened properly?
 YES _____ NO _____

- Do all electrical outlets have safety caps?
 YES _____ NO _____
- Adequate heat, light, plumbing and ventilation?
 YES _____ NO _____
- If basement is used, are there two exits?
 YES _____ NO _____
- Are all exits accessible?
 YES _____ NO _____
- Are steps with four or more risers equipped
 with handrails?
 YES _____ NO _____
- Is the outdoor play space fenced? (Safety
 plan attached if no)
 YES _____ NO _____
- Are all rooms kept in neat and clean condition?
 YES _____ NO _____
- Are there individual cups and towels?
 YES _____ NO _____
- Is there a refrigerator?
 YES _____ NO _____
- Is there a telephone?
 YES _____ NO _____
- Are there emergency numbers posted by the
 phone? YES _____ NO _____
- Are there plans for emergency evacuation, and
 are they posted?
 YES _____ NO _____
- Are all exits clear of obstacles?
 YES _____ NO _____
- Is there at least one U.L. approved 5-pound
 fire extinguisher readily accessible and in
 working condition?
 YES _____ NO _____
- Is there first aid equipment?
 YES _____ NO _____
- Is trash (both inside and outside) properly
 stored? YES _____ NO _____
- Is water from an approved source, if from a
 well, is it tested? (Include test results in
 family file.)
 YES _____ NO _____
- Is the home free of any evidence of vermin or
 rodent infestation?
 YES _____ NO _____

- Are weapons and ammunition locked separately and properly?
YES_____ NO_____
- Has exposed or badly worn wiring been replaced?
YES_____ NO_____
- Is mobile home skirted and stabilized with two exits?
YES_____ NO_____
- Is there a minimum of forty square feet of floor space for each child's bed?
YES_____ NO_____
- Measurements of bedrooms:

- Does each child have his own clean, comfortable bed?
YES_____ NO_____
- Does each child have his own storage for clothing and personal items?
YES_____ NO_____
- Is your property free of any boarders or hazardous business practices?
YES_____ NO_____
- Sleeping arrangements:
Over 18 months, not with adult
YES_____ NO_____
- Under 5 yrs on same floor as adult
YES_____ NO_____
- Under 12 yrs in same building as adult
YES_____ NO_____
- If separate building is used, explain:

- If there is a trampoline, are there rules for usage and supervision?
YES_____ NO_____

- If there is a swimming pool and/or hot tub, is it fenced and locked when not in use?
YES_____ NO_____
- If there is a swimming pool and/or hot tub, are there rules for usage and supervision?
YES_____ NO_____
- Are there any conditions in the home that must be corrected before a license can be issued?
YES_____ NO_____
- If yes, please complete **Notice of Noncompliance** below.
- Signature of Person Completing Inspection:

- I received a copy of this report:

(Signature of Foster Parent)
- Date: _____
- *****
- NOTICE OF NONCOMPLIANCE:**
- Items which require correction:

- Deadline for corrections (must be at least one week prior to recertification of the home):
Date: _____
- Signature of Person Completing the Followup Inspection:

- Date Home Reached Compliance:
Date: _____