

Safety Inspection Checklist

NAME:	PROVIDER ID (SSN)#:
ADDRESS:	PHONE#:

Inspection type: Probationary Initial Renewal Monitoring

1. For Probationary applicants, Initial licensees and licensees who have moved since last license was issued: List School District name for this address: _____
 Elementary School: _____
 Middle School: _____
 High School: _____
2. Home is free from health and fire hazards and has at least one working smoke detector on each level. R501-12-7-3 Comments/adjustments needed:
3. Home has a fire extinguisher rated 2A10-BC or larger. R501-12-7-3
4. Home has at least two means of exit on each level. R501-12-7-12
5. First aid kit in the car (501-12-12-5) motorcycles are not allowed to transport foster children 501-12-12-3.
6. First aid kit in home (R-501-12-8-4)
7. R501-12-7-4 How many bedrooms are there in the home? _____
- a: Children (in State custody) do not share bedrooms with opposite sex
- b: Children do not sleep in parent's room (except infants under age 2)
- c: Each child has their own solidly constructed bed adequate to their size
- d: 80 square feet per child in single occupant bedroom-list measurements: _____
- e: 60 square feet per child in multiple occupant bedroom- list measurements: _____
- There is a screened window in the child's room R501-12-7-5
- There is a closet/dresser for foster children's belongings R510-12-7-6
8. Areas determined to be unsafe are fenced off or have natural barriers. *Hazardous areas include but are not limited to: steep grades, cliffs, stairwells, open pits, swimming pools, hot tubs, ponds, water features, high voltage boosters, canals, high speed roads and deep window wells.* R-501-12-7-10
9. Working telephone (If cell phones are used, worker verified that children are never left without a phone in the home). R-501-12-8-3.
10. No firearms in the home
 R-501-12-8-5: Homes with firearms:
 Locked metal gun safe for guns and ammo **OR**:
 Glass front case: has guns disabled with either bolts removed or trigger locks and
 Ammo is locked in a separate location: where: _____

11. No alcohol in the home
 R-501-12-8-7: Homes with alcohol: Alcohol is inaccessible to children
12. All **Hazardous** chemicals: (including but not limited to: anything indoors or outdoors that could be ingested to cause damage, used as an inhalant or fire starter or with warning labels stating "keep out of reach of children" or "harmful if swallowed") are in locked storage. R501-12-8-8.
 Lock type: Key Magnetic padlock/combination lock.
 List locations in home/garage where chemicals are locked: _____
13. All prescription and over-the-counter medications are in locked storage R-501-12-11-6
 Lock type: Key Magnetic padlock/combination lock.
 List locations in home where medications are locked: _____

Comments/hazards observed/items to monitor:

I confirm that by signing this form, I have completed an in-person inspection of this home and verified full compliance with licensing safety requirements.

Printed name of person completing inspection _____

Signature _____ Date _____

Agency _____

RECOMMENDATIONS (OL use only)

62A-2-101-16a.b: There shall be fewer than four foster children in the home of a licensed or certified foster parent; or (b) four or more children in the home of a licensed or certified foster parent if the children are siblings.

1. Type: LFC LSC
2. Capacity: One Two Three
3. Sex: Male Female Both
4. Ages:

Comments on current capacity/maximum capacity/gender groupings etc: