

# Foster Care – Home Inspection Checklist

Foster Parent: \_\_\_\_\_ License Address: \_\_\_\_\_

Inspection Type:  Probationary  Initial  Renewal  Monitoring

Inspection Date: \_\_\_\_\_

Are there currently placements in this home?  Yes  No

## Home Safety Inspection Items (Initial and Renewal all license types):

- Address visible and home is accessible *501-12-6-16*
- Interior/Exterior maintained and safe *501-12-6-1* \_\_\_\_\_
- Hazards abated *501-12-6-12 (see licensor reference guide)* \_\_\_\_\_
- Test smoke detector on each level *501-12-6-2*
- Carbon monoxide detector on each level *501-12-6-3*
- Check charge on extinguisher (min rated 2A-10BC) accessible on main level *501-12-6-4*
- Bathrooms have locks *501-12-6-5*
- Working appliances/plumbing *501-12-6-11* \_\_\_\_\_
- Chemicals locked *501-12-7-8/501-12-3-12 (see licensor reference guide)* Where? \_\_\_\_\_
  - chemicals stored in original packaging **OR**
  - chemicals stored in compliant containers labeled with manufacturer directions/warningsWhere? \_\_\_\_\_
- Flammable substances (gas, kerosene etc) locked in ventilated area separate from living areas *R-501-12-7-9*  
Where? \_\_\_\_\_
- Medications (prescription, over the counter, vitamins, supplements) are locked *501-12-10-7*  
Where? \_\_\_\_\_
  - Medications remain in original packaging *R-501-12-10-8*
- Alcohol is inaccessible to foster children *R-501-12-7-7*  N/A **OR** where kept? \_\_\_\_\_
- Telephone (recognizable by 9-1-1 system) on-site with foster children at all times *501-12-7-3*
  - If family uses only mobile or internet phones, how will they ensure onsite phone at all times? \_\_\_\_\_
- Emergency numbers posted visible to children *501-12-7-3*
- 2 exits on each level adequately sized for emergency personnel *501-12-6-14*
  - Multi-level has automatic fire suppression system **OR**
  - Escape ladder **OR**  Stairway **OR**  Other egress to ground level describe: \_\_\_\_\_
  - Outlet covers  Safety gates  Fireplace gates  Other \_\_\_\_\_
- First aid kit in home (meds locked separately) *501-12-7-4*
- Pets that are required to be vaccinated by state or tribal law must be vaccinated against diseases that can transmit to humans, including rabies.  N/A Comments: \_\_\_\_\_
- Parents do not smoke with foster children present. *501-12-7-1*  N/A  
Smoking plan: \_\_\_\_\_

## Foster Bedrooms

- List number of bedrooms in home \_\_\_\_\_
- 40 sq. ft. per child; measurements/capacities: \_\_\_\_\_
- Comparable to other bedroom spaces (access, space, furnishings, location, etc.) *501-12-6-5.h*
- Source of natural light that opens to outdoors *501-12-6-6.i*
- Screened window *R-501-12-6-6*
- Closet or dresser *501-12-6-7*
- Beds adequate to size of children *R-501-12-6-6.e* \_\_\_\_\_
- Available bed per child in accordance with *501-12-6-6.e*
- No more than 4 kids in any bedroom *501-12-6-6.g*

Comments:

## Firearms

- No firearms in this home **OR**
- Stored together with ammo in container commercially manufactured for gun storage *R-501-12-7-6.b* **OR**
- Unloaded and securely locked *R-501-12-7-6.c* where? \_\_\_\_\_; **AND**
- Ammo locked separately where? \_\_\_\_\_ *R-501-12-7-6-c.i*
- Key/combo is not the same for locked gun and ammo storage areas *R-501-12-7-c.ii*  
Describe: \_\_\_\_\_ **OR**
- Firearms in display cases are disabled and unloaded *R-501-12-7-6.d* **AND**  
Ammo securely locked in separate location. Where? \_\_\_\_\_

Comments:

## Transportation

- Vehicles used for transporting foster youth are enclosed and registered *501-12-11-2*
- Functional seatbelts *R-501-12-11-2*
- Emergency contact information posted *501-12-11-3*
- First aid kit in each vehicle *501-12-11-4*

Comments:

## Verify these items when providers have placements (Review with new families also)

- No more than 2 children under age 2 (including biological/adopted etc). *501-12-5-6*
- Rooms not shared by opposite genders (over age 2) *501-12-6-6.a*
- No children over age 2 in the parent's room *501-12-6-6.b*
- No more than 2 non-ambulatory *501-12-5-7*
- No more than 3 foster children (unless siblings) *62A-2-101-16.a and b (see licensor reference guide)*
- No more than 4 in any bedroom *501-12-6-6.g*
- Parents provided life safety/emergency/evacuation training to current foster children *R501-12-7-2*
- Parents don't provide child care (*see statutory definition on licensor reference guide*) or DHS licensed services in home *501-12-4-7.f*
- Respite care maximum 10 days per 30 day period *R-5-1-12-5-9*  N/A Comments: \_\_\_\_\_
  - No more than 6 in the home for respite (unless all but two are siblings)  N/A *R501-12-5-9.c*

Comments:

- Beds adequate to size of children *R-501-12-6-6.e* \_\_\_\_\_
- Safety devices (outlet covers, safety gates, fireplace gates etc) appropriate to age *501-12-7-12:* \_\_\_\_\_

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- Caseworker consulted re: locking common household items *R-501-12-7-10*
- Physical restraint used?  Yes  No; certification submitted *501-12-12-9*
- Protective gear is accessible/utilized (helmets, life vests, safety certification training, body padding *501-12-7-12-b*  N/A **OR** Describe: \_\_\_\_\_

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- Age/size appropriate car seat, booster seat *R-501-12-11-2*  N/A
- Agency/caseworker contact information posted in vehicle *501-12-11-3*
- Adherence to previous safety plan  N/A **OR** \_\_\_\_\_
- Adherence to specific restrictions (age, gender, capacity) *R-r01-12-4-8*
- Disclosure of major changes in situation (may require new medical reference, income statement application if moved, investigations etc)  N/A

Comments:

**Safety plan initiated**  Yes  No

**Overall comments/safety plan details/hazards observed/items to monitor:**

**RECOMMENDATIONS**

- 1. Type:  LFC  LSC
- 2. Capacity:  One  Two  Three
- 3. Maximum capacity for siblings: \_\_\_\_\_
- 3. Gender:  Male  Female  Both
- 4. Ages: \_\_\_\_\_

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

**Printed name of person completing inspection:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency:**  Office of Licensing  DCFS Kinship  Other: \_\_\_\_\_

*Note: This checklist is a tool for licensor convenience and does not modify R501-12 or represent the rule in its entirety. It represents observations specific to the date above. Licensee remains responsible for full compliance with R501-12*

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# Foster Care – Child Placing Agency Checklist

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## Parent Requirements

- Over age 21 *501-12-5-1-c*
- Legal residents of US *501-12-5-1-d*
- Legally married or single applicants *501-12-4-1*
- Agency owners/directors/governing body are not certified to provide proctor or respite care services *501-12-5-3*
- Parents do not provide child care or other DHS licensed services in the certified home *501-12-4-8.f*
- Parents provide safety training to children initially and annually thereafter *501-12-7-13*

## Parent File Requirements

- Signed copies of code of conduct, confidentiality agreement and R-501-12 compliance agreement for each parent in the parent files *501-12-4i, ii, iii*
  - Updated annually *501-12-4-6.a*
- Signed initial and renewal applications *501-12-4-1 and 501-12-4-6*
- Current background clearance forms approved by OL for each household member over age 18 in all certified foster homes. *501-12-4.b (screenings cannot be transferred from other agencies 501-12-4-4)*
- Written statement of financial viability for each household with supporting documentation *501-12-4-c*
- Income statement updated annually *501-126.d*
- Training:
  - CPR/First Aid training
  - Pre Service Training
  - R501-12 Rules
  - Policy and procedure training and
  - Annual training
  - All training is completed PRIOR to making any placements in the home *501-12-14-4&5 [NOTES]*
- Medical reference for each parent completed by licensed physician, physician's assistant or nurse practitioner *501-12-4-2*
- Medical reference annually or personal health statement if unchanged since last certification *501-12-4-6b*
- 3 acceptable letters of reference *501-12-4-3*
- Investigations, allegations, criminal activity (OL notified) *501-12-4-4.d*
- Homestudy and annual updates are signed by a licensed social worker *501-12-4-5.b and 501-12-4-6-e (see licenser guide for homestudy content requirements)*
- Original contractual agreement with each parent *501-12-14-8*
- Written notification of parent's rights and responsibilities with signed copy located in parent file *501-12-14-11*
- If previously licensed/certified in past 3 years: written reference letter from each agency *501-12-4-7*
- Written emergency plan *501-12-8*
- Current vehicle Insurance
- Current Driver's licenses

## Agency Requirements

- Recruits, trains and supervises parents 501-12-14-3
- Provides DHS with identifying information on all of their certified homes via DHS/DCFS website 501-12-14-6
- Maintains documentation of initial written homestudy (see licensor reference guide page for contents) and annual updates. 501-12-14-7
- Monitoring visits documented re: each parent’s adherence to R501-12 (in addition to initial and annual visits) 501-12-14-9
- Investigates and takes action according to their own policies and procedures (approved by the Office of Licensing) regarding parent violations of 501-12-14-10
- Provides OL with written documentation of any denial, revocation, or suspension within 2 weeks of the action 501-12-14-13
- Agencies don’t issue variances without OL director approval 501-12-14-14
- Agency adheres to CORE rules

## Physical Facilities of Certified Homes

Use Foster Care-Home Visit Checklist to verify agency/parent compliance in individual residences.

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