New logo

**HOME SAFETY CHECKLIST**

Homes must meet the following safety requirements. Indicate compliance status by checking the appropriate box. If out of compliance, state plan and time frame for correction.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caregiver(s): |  | | Relationship to adoptive child: | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| Person doing inspection: | |  | Position: |  | |

Persons residing in home:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship to Applicant(s) |
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(Insert an X in the appropriate field for compliance/non-compliance)

| A. | RESOURCE FAMILY RESIDENCE REQUIREMENTS | **Compliant** | **Non-compliant** | **Plan of correction**  **with target date** |
| --- | --- | --- | --- | --- |
|  | At least one flush toilet, one wash basin, and one bath or shower with hot and cold running water. |  |  |  |
|  | An operable heating system. |  |  |  |
|  | An operable telephone. |  |  |  |
|  | No unsuitable area such as a hall, stairway, unfinished attic or basement, garage, bathroom, eating area, closet, shed, or detached building may be used as sleeping area for children. |  |  |  |
|  | Foster children of the opposite sex who are 5 years of age or older may not share the same bedroom. |  |  |  |
|  | Each foster child shall be provided with a clean, comfortable mattress and clean linen, blankets and pillow. |  |  |  |

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| --- | --- | --- | --- | --- |
| B. | SAFETY REQUIREMENTS | **Compliant** | **Non-compliant** | **Plan of correction**  **with target date** |
|  | Medication and containers of poisonous, caustic, toxic, flammable or other dangerous material kept in the residence shall be distinctly marked or labeled as hazardous and stored in areas inaccessible to children under 5 years of age. |  |  |  |
|  | Emergency phone numbers, including those for fire, police, poison control and ambulance, shall be conspicuously posted adjacent to all telephones. |  |  |  |
|  | Fireplaces, fireplace inserts, wood and coal burning stoves and free- standing space heaters, if allowed by local ordinance, shall be installed, equipped and operated according to manufacturer’s specifications and requirements specified by local ordinance. |  |  |  |
|  | An operable smoke detector shall be placed on each level of the residence. The detector shall be maintained in operable condition. |  |  |  |
|  | A portable fire extinguisher, suitable for Class B fires, shall be available in the kitchen and other cooking areas. The extinguisher shall be tested yearly or have a gauge to ensure adequate pressure. |  |  |  |
|  | Protective safety caps shall be placed in electrical outlets accessible to children younger than 5 years of age. |  |  |  |
|  | Exposed electrical wires are prohibited. |  |  |  |
|  | Drinking water from an individual water source shall be potable as determined by an annual microbiological test conducted by a laboratory certified by the Department of Environmental Resources. |  |  |  |

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| C. | ADDITIONAL SUGGESTED SAFETY PRACTICES | **Discussed with family** | **Not discussed with family** | **Plan with a**  **target date** |
|  | Fire escape plans are posted in the home. |  |  |  |
|  | First aid supplies are in the home |  |  |  |
|  | All firearms are kept in a locked storage area with ammunition secured in a separate locked area |  |  |  |
|  | Extension cords are in good repair and used safely. |  |  |  |
|  | Baby gates are used on staircases if the child(ren) are under two years of age |  |  |  |
|  | Vehicles used in transporting the child(ren) have a valid registration and inspection |  |  |  |
|  | All persons transporting the child(ren) have a valid drivers license for the class of vehicle they are operating. |  |  |  |
|  | When transporting children under the age of four in a motor vehicle, caregivers insure the child(ren) are placed in a car seat that meets the Federal Motor Vehicle Safety Standards and that has been properly installed. For children age four and older, be sure to meet standards set by [Pa. Code § 102.102.](http://www.pacode.com/secure/data/067/chapter102/s102.102.html) |  |  |  |
|  | Family has auto and homeowner’s insurance. |  |  |  |

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| --- | --- | --- | --- | --- |
| D. | ADDITIONAL AGENCY REQUIREMENTS | **Compliant** | **Non-compliant** | **Plan of correction**  **with target date** |
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Dates and results of safety checks (list date and put an X in the appropriate box):

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | In Compliance | Out of Compliance | Intls. |
| Date: | In Compliance | Out of Compliance | Intls. |
| Date: | In Compliance | Out of Compliance | Intls. |

If last safety check notes “out of compliance” describe plans for follow up below:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Social Worker: |  | Date: |  |