

Annual Home Study Update for the _____ family

Family address:

Notes:

Date visited:

Household Members

Name	Date of Birth	Age	Relationship

Foster Children

Foster Children	Age	Caseworker

Additional Foster Children (only for sibling groups exceeding licensed capacity)

General changes in the home since last Home Study/Update was completed:

Income/employment status/changes:

Changes to anyone's health status (*new diagnoses, medications, etc*):

Household residents (*tenants, adult children, anyone move into or out of home, BCI status, etc*):

Structural changes (*impact on capacity, genders, ages, etc*):

Investigations/complaints:

Other (*pending moves, plans for changes, etc*):

Placement Summary: (*Number, ages, genders, duration of placements, behaviors presented, how handled, reason for removal from home*)

Family adjustment and needs:

Current foster/adoptive children (adjustment, services, goals):

Biological children (adjustment, needs):



Over the past year what have been the family's:

Challenges:

Successes:

How has fostering/adopting impacted the marital relationship (if applicable)?:

Support Systems:

What supports are available to the family and how are they utilized? (*babysitting, resources, respite, emotional*)

Are there needs for any additional supports to maintain the foster children/family/marriage?

Parenting:

Children's daily responsibilities:

Privileges that can be earned/lost:

Types of discipline used (examples):

Family daily schedule:

Daycare arrangements (if applicable):

Are there currently placements in this home? If yes, ensure the following:

- ☐ Age appropriate safety items such as outlet covers, safety gates, fireplace gates, car seats, booster seats, etc.
- ☐ No more than 2 children under age 2 (including biological/adopted/respite, etc)
- ☐ No more than 2 non-ambulatory children in the home (including biological/adopted/respite, etc)
- ☐ Rooms not shared by opposite genders (over age 2)
- ☐ No children over age 2 in the parent's room
- ☐ Foster children do not share bedrooms with adults
- ☐ No more than 4 foster children (unless siblings); Max 3 for child placing agency
- ☐ Beds: individual bed/crib and mattress and linens adequate to size of each child
- ☐ Parents provide training to foster children for emergency situations
- ☐ Parents ensure supervision, safety equipment and training for activities (camping, boating, ATV, etc)
- ☐ Parents obtain written permission from caseworker for firearm use
 - ☐ N/A - no firearms in the home
- ☐ Parents consult with caseworker regarding restriction of access to common household items
 - ☐ Discussed with provider?
- ☐ Parents obtain written permission from physician for child to carry/access their own medications
 - ☐ N/A - not needed
- ☐ Parents provide all unused medications to caseworker when foster child leaves the home
- ☐ Compliance with respite guidelines (no more than 10 days in a 30 day period)
- ☐ Provided proof of certification by recognized behavior management program
 - ☐ N/A - parents don't practice passive physical restraint



Foster Care Home Inspection Checklist

Family address:

Notes:

Date of visit:

- ☐ Initial
- ☐ Renewal
- ☐ Other:

Home Safety Requirements: R501-12

- ☐ Address visible/home accessible
- ☐ Parents don't provide child care (*see statutory definition on licensure reference guide*) or DHHS licensed services in home
- ☐ Interior/exterior and contents maintained/clean and safe condition R501-12-7(3)(e)
- ☐ Hazards abated R501-12-7(1)
- ☐ Swimming pools secured to prevent unsupervised access
 - ☐ N/A
- ☐ Parents follow all laws regarding care and number of pets
 - ☐ Discussed with provider?
 - ☐ N/A
- ☐ No smoking in presence of foster children
 - ☐ No smokers in this home
- ☐ 2 exits on each level of home adequately sized for emergency personnel with egress to ground level (safety ladders, stairway, etc) or automatic fire suppression system
- ☐ Safety devices appropriate to age (outlet covers, safety gates, fireplace gates, etc)
 - ☐ Discussed with provider?
- ☐ Protective gear is accessible/utilized (helmets, life vests, safety certification training, body padding)
 - ☐ Discussed with provider?
- ☐ Working appliances/plumbing
- ☐ Bathrooms have locking capability R501-12-7(1)(f)
- ☐ Working smoke detector on each level R501-12-7(1)(c)
- ☐ Carbon monoxide detector on each level R501-12-7(1)(c)
- ☐ Extinguisher in home (minimum rating 2-A-10BC) R501-12-7(1)(d)



- ☐ 911 recognizable phone on site
- ☐ Emergency numbers posted visible to children (including address of the home)
- ☐ Fully supplied first aid kit in home (medications removed)
- ☐ Alcoholic beverages are monitored and inaccessible to children at all times
 - ☐ N/A
- ☐ Hazardous chemicals are locked in original or manufacturer complaint packaging
R501-12-8(10)
 - ☐ Where/how stored:
- ☐ Medications (including prescriptions, over-the-counter, vitamins, and supplements) are locked and in original packaging (can not be split into daily dose dividers)
 - ☐ Where/how stored:
- ☐ Flammable substances (gas, kerosene) are locked in ventilated areas separate from living areas
 - ☐ Where/how stored:

Bedrooms: R501-12-7(2)

- ☐ Number of available bedrooms for fostering:
 - ☐ Minimum 40 square feet per occupant
 - ☐ Measurements/Capacity:
 - ☐ Not shared by opposite genders (over age 2)
 - ☐ No foster children over age 2 in parents' room
 - ☐ Foster children do not share bedrooms with adults
 - ☐ Each child has an individual bed/crib and mattress and linens that meet their needs
 - ☐ If foster bedroom is on the ground floor, it has one screened window that opens to be used to evacuate
 - ☐ N/A
 - ☐ If foster bedroom is not on the ground floor, it has a source of natural lights, and 2 exits, one of which shall exit directly outside of the home in case of evacuation
 - ☐ N/A
 - ☐ Closet and dresser provided
 - ☐ No more than 4 total children in a foster bedroom
 - ☐ No more than 3 foster children in the home (see sibling and respite exceptions)
 - ☐ No more than 2 children under age 2 in the home (including biological, adopted, foster, etc.)
 - ☐ No more than 2 non-ambulatory children in the home (including biological, adopted, foster, etc.)



Firearms: R501-12-8(5), (6) and (7)

- ☐ No firearms in this home **OR**
- ☐ Inaccessible to foster children at all times
- ☐ Unloaded, locked (or rendered inoperable) and ammo locked by a different key/combo elsewhere
- ☐ Stored together with ammo in gun safe (or other commercially manufactured gun storage container) Where/How stored:
- ☐ Parents obtain written permission from caseworker for child's firearm use
 - ☐ N/A

Transportation: R501-12-12

- ☐ Enclosed and registered (no motorcycles or recreational vehicles can be used for transporting foster children)
- ☐ Vehicles have adequate, functional seatbelts
- ☐ Emergency contact info (including agency and caseworker information at minimum) posted in vehicle
- ☐ First Aid kit in each vehicle
- ☐ Age appropriate car/booster seat
 - ☐ N/A

Safety plan initiated?

- ☐ Yes
- ☐ No

If yes, provide details below:

Comments to include hazards observed, restrictions on certificate, items to monitor, etc.:

Overall Recommendation:



1. Type:
2. Capacity:
3. Maximum Capacity for Siblings:
4. Genders:
5. Immunized Foster Children Only?
 - ☐ Yes (if all household members did not provide proof of immunization; make note on license)
 - ☐ No (proof provided for all household members)
6. Ages:

Comments on current capacity/maximum capacity/gender groupings, preferences etc.:

Printed name of person completing inspection:

Signature of person completing inspection

Date:

Provider CPR and First Aid Dates:

Date Sex Offender Registry was Checked:

Note: This checklist is a tool for agency convenience and does not modify R501-12 or represent the rule in its entirety. It represents observations specific to the date above. The Licensee remains responsible in ensuring they are in full compliance with R501-12 including documenting and addressing each instance of noncompliance.

