Annual Home Stu	ıdy Update fo	or the	family
Family address:			
Notes:			
Date Visited:			
	Household	d Members	
Name	Date of Birth	Age	Relationship
Factor Children	Foster Chi	<u>Idren</u>	Committee
Foster Children	Age		Caseworker
		1	
Additional Fo	ster Children (only f	or sibling groups exc	ceeding licensed capacity)



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): <u>Placement Summary:</u> (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):

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



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



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Foster Care Home Inspection Checklist

Family nam	ie:
Address:	
Date of Visi	t:
	nitial -
F	Renewal
	Other:
Home S	afety Requirements: R501-12-6
Г	7 Address visible/home accessible
	Parents don't provide child care (see statutory definition on licensor reference
_	guide) or DHHS licensed services in home
	Interior/exterior and contents maintained/clean and safe condition
	R501-12-6(1)(a)
] Hazards abated <i>501-12-4(3)(d)</i>
	Swimming pools secured to prevent unsupervised access
	□ N/A
	Parents follow all laws regarding care and number of pets
	☐ Discussed with provider?
_	N/A
L]No smoking in presence of foster children ☐ No smokers in this home
Г	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?
L	Working appliances/plumbing
	Bathrooms have locking capability R501-12-6(4)(f)
	Working smoke detector on each level R501-12-6(1)(c)
	Carbon monoxide detector on each level R501-12-6(1)(c)
L	Extinguisher in home (minimum rating <i>2-A-10BC</i>) R501-12-6(1)(d)



	911 recognizable phone on site
$\overline{\Box}$	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 501-12-7(10)(a)
	☐ 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:
	R501-12-6(2)
☐ Numb	er 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 if 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.)



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Firearms: R501-12-7(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
Vehicles: R <i>501-12-11</i>
 □ 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:



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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.:
JSE ONLY
Printed name of person completing inspection:
COSTON TO STATE OF THE PROPERTY OF THE PROPERT
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

Utah Department of Health & Human Services