Reset Form

# RESOURCE FAMILY HOME PHYSICAL ENVIRONMENT CHECKLIST

State Form 53186 (R4 / 9-19)
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: The licensing worker or Family Case Manager will complete this form during the home visit with the resource family. Any item marked "No" must have a plan of correction, safety plan, waiver or variance, as appropriate. A copy of this form must be placed in the licensing file. If the home is not being licensed, a copy of this form must be placed in the child's file.*

| Reason ☐ Initial licensure ☐ Annual ☐ Relicensure ☐ Change | Date of home visit *(month, day, year)* | Resource identification number |
|---|---|---|
| Name of applicant present | Telephone number ( ) | |
| Address *(number and street, city, state, and ZIP code)* | | |

| Number of household members *(excluding foster parents)* | Number of foster children applying for | Number of bedrooms in home | Number of beds in home | Square footage of each bedroom |
|---|---|---|---|---|
| | | | | |

Name of licensing worker

| | Yes | No | Not Applicable |
|---|---|---|---|
| 1. Interior is clean and free from dangerous or hazardous conditions (e.g. exposed wiring, chipping paint). | ☐ | ☐ | |
| 2. Exterior premises are clean and free from dangerous or hazardous conditions. | ☐ | ☐ | |
| 3. Resource family has access to a working telephone. | ☐ | ☐ | |
| 4. Living areas are safe, comfortable, and accessible. | ☐ | ☐ | |
| 5. Bedroom space provides fifty (50) square feet per foster child. | ☐ | ☐ | |
| 6. No bedrooms are in a hall, basement, or living area. | ☐ | ☐ | |
| 7. All children have their own beds and adequate storage for personal belongings. | ☐ | ☐ | |
| 8. Every sleeping room has two (2) exits. | ☐ | ☐ | |
| 9. Home has a functioning bathroom. | ☐ | ☐ | |
| 10. Home has working utilities. | ☐ | ☐ | |
| 11. Household poisons, cleaners, detergents, and medications are out of reach of children. | ☐ | ☐ | |
| 12. Unloaded firearms and ammunition are stored in separate locked places. | ☐ | ☐ | ☐ |
| 13. Foster Parent Safety Agreement Regarding Firearms and Other Weapons completed, if applicable (SF 56320) | ☐ | ☐ | ☐ |
| 14. Received documentation that all household pets have up-to-date rabies vaccinations. | ☐ | ☐ | ☐ |
| 15. Home has one (1) smoke detector that is within ten (10) feet of each bedroom door, with at least one (1) smoke detector in operating condition on each level of the home. | ☐ | ☐ | |
| 16. Home has a 2½ pound ABC fire extinguisher on each floor of the home. | ☐ | ☐ | |
| 17. Furnace, stoves, heaters, etc. appear to be properly ventilated and operational. | ☐ | ☐ | |
| 18. The inside and outside of cooking and refrigeration equipment is in clean and sanitary condition. | ☐ | ☐ | |
| 19. Resource family has access to transportation. | ☐ | ☐ | |
| 20. Copy of driver's license, registration, and automotive insurance (in accordance with Indiana Law), if applicable | ☐ | ☐ | |
| 21. Appropriate car/booster seats, if applicable | ☐ | ☐ | ☐ |
| 22. Copy of home insurance, if applicable | ☐ | ☐ | ☐ |
| 23. Carbon monoxide detector if gas is used for cooking or heating | ☐ | ☐ | ☐ |
| 24. Well water analysis completed, if applicable; or bottled water is used for cooking and drinking | ☐ | ☐ | ☐ |
| 25. Residential Pool Requirements met / Body of Water Safety Plan completed, if applicable (SF 54609) | ☐ | ☐ | ☐ |
| 26. If applicable, the mobile home is skirted and securely anchored and has two (2) exits at least twenty feet (20') apart, one (1) exit within thirty-five feet (35') of each bedroom. | ☐ | ☐ | ☐ |
| 27. Emergency Evacuation Plan | ☐ | ☐ | ☐ |
| 28. Discuss safe sleep with caregivers. | ☐ | ☐ | ☐ |
| 29. Discuss second hand smoke with caregivers. | ☐ | ☐ | ☐ |

Compliance plan comments:

| Signature of applicant | Date *(month, day, year)* |
|---|---|
| Signature of Family Case Manager / licensing worker | Date *(month, day, year)* |