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|  | **Tennessee Department of Children’s Services**  **Home Safety Checklist** |

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|  |  |  |
| **Foster Home Name** |  | **Foster Home ID#** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Requirements** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker**  **Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Designated spaces for informal living, dining, food preparation and storage; separate rooms for sleeping and bathing. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Stable supply of heat provided and maintained to rooms being occupied. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Garbage, refuse and other wastes disposed of in a way that does not constitute a health hazard. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Mirrors and other wall attachments fixed securely to walls. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Maximum temperature of hot water in bathroom 120 degrees or less. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Steps or railings sturdy, appropriately spaced and in good repair. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Extension cords in good repair. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Electrical outlets covered and not overloaded. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Electrical appliances and cords out of young children’s reach. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Radiators, hot water pipes and fireplaces covered. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Exits and stairways gated or otherwise secured for infants and young children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Rugs and other moveable floor coverings safely secured. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Matches and lighters inaccessible to children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Toys safe, clean and in good repair. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Crib mobiles out of the reach of young children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Pot handles placed toward the back of the stove, out of the reach of young children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Knives, scissors, and other sharp instruments kept out of the reach of young children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Windows, screens, and balcony doors in high-rise apartment buildings secured by safety catches. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Blind and drape cords constructed without loops and out of the reach of young children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Television sets on tables or stands fastened securely. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Unused refrigerators/freezers/stoves stored with doors removed. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Adequate pest control. | | |
| **Means of Communication** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Telephone access available. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | List of emergency telephone numbers readily accessible. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Children/youth have knowledge of accessibility to phone for emergency usage. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Children/youth have knowledge of emergency plan. | | |
| **Fire Safety** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Smoke Detectors on every floor level of home and in working order. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Written Fire Evacuation Plan established and regularly reviewed with all family members. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Flashlight(s) in working order; easily accessible in emergency. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Fire extinguisher(s) in working order, on each floor; not less than 2½ pounds; for Class B and C fires. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Carbon Monoxide detector(s) on every level of the home. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Exits and hallways well lit and uncluttered. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Fireplace/woodstoves installed as per specification of the local fire department. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Fireplace screens or front guards in use; combustible deposits removed regularly. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Stovepipe cleaned regularly. | | |
| **Sleeping Arrangements** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Infant cribs in compliance with government safety standards. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Discussed safe baby sleep for caregivers of infants. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Children will have their own bed (platform or standard that includes mattress, box springs, unless they are bunk beds, and bed frame). | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Bedrooms occupied by children do not have external door locks. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Bedrooms occupied by children have a window. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | Clothing storage space available for child’s personal belongings. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | No bedroom is in a building detached from the home, an unfinished attic or unfinished basement, or a stairway hall. | | |
| **Weapons** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Weapons, including firearms, air rifles, and bows and hunting slingshots are made inoperable when not in use and are stored in locked cabinets, inaccessible to children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Ammunition will be stored and locked separately from weapons. | | |
| **Medicines and Hazardous Substances** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | **No** | | | **Will Comply** | | | **N/A** | | | **Comply Date** | | | **Worker Initial** | | |  | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Medications and other potentially hazardous pharmaceutical substances stored locked and inaccessible to children. | | |
|  | | |  | | |  | | |  | | |  | | |  | | | **\***Potentially hazardous household substances (e.g. bleach, cleaning fluids, pesticides) secured out of reach, latched, or locked away | | |

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| **Specific Safety Precautions** | | | | | | |
| **Yes** | **No** | **Will Comply** | **N/A** | **Comply Date** | **Worker Initial** |  |
|  |  |  |  |  |  | Inform and instruct child about potential danger of certain types of farm equipment, structures, and livestock (where applicable). |
|  |  |  |  |  |  | **\***Inform and instruct child about water safety and potential danger of specific water hazards i.e. wells, water troughs, lakes, rivers, reservoirs, culverts, tubs, ponds, swimming pools, Jacuzzi tubs. |
|  |  |  |  |  |  | **\***Swimming pools on property are secured with a fence, a locked gate, and a pool safety alarm as required by city/county/state regulations. Refer to[***Water Hazard / Pool Safety Assessment Tool***](https://files.dcs.tn.gov/forms/4203.doc) |
|  |  |  |  |  |  | **\***Swimming pools must be equipped with a life saving device such as a ring buoy. |
|  |  |  |  |  |  | **\***Hot tubs and spas must have safety covers that are locked when not in use. Non-portable hot tubs and spas require a safety alarm. |
|  |  |  |  |  |  | Internet adult sites, adult videos, and other such adult materials are inaccessible to children. |
|  |  |  |  |  |  | Precautions in place to protect children from second-hand smoke. |
| **Pets** | | | | | | |
| **Yes** | **No** | **Will Comply** | **N/A** | **Comply Date** | **Worker Initial** |  |
|  |  |  |  |  |  | **\***Pet vaccinations in accordance with state and local laws. |
|  |  |  |  |  |  | In or on the premises of a foster home are kept in a safe and sanitary manner in accordance with state and local laws. |
|  |  |  |  |  |  | Potentially dangerous situations involving animals discussed and understood. |
| **Automobile Safety** | | | | | | |
| **Yes** | **No** | **Will Comply** | **N/A** | **Comply Date** | **Worker Initial** |  |
|  |  |  |  |  |  | Automobile in safe operating condition. |
|  |  |  |  |  |  | Valid Driver’s License for each person driving children. |
|  |  |  |  |  |  | **\***Equipped with child safety seats for infants/toddlers. |
|  |  |  |  |  |  | **\***Equipped with booster seats for children ages 4 through age 8 who are less than 4’9”. |
|  |  |  |  |  |  | **\***Equipped with safety seat belts for each person. |
|  |  |  |  |  |  | All safety seats and belts meet standard safety regulations. |
|  |  |  |  |  |  | Foster parent is licensed. |
|  |  |  |  |  |  | Foster parent has arranged with other adults with license for transportation. |
|  |  |  |  |  |  | Copy of license on file in foster home files. |
| **Water Source** | | | | | | |
| **Yes** | **No** | **Will Comply** | **N/A** | **Comply Date** | **Worker Initial** |  |
|  |  |  |  |  |  | Municipal water system. |
|  |  |  |  |  |  | Well water. |

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| Date of last test:       Results: |
| **Non-Compliance** |

Comment on areas of non-compliance and describe a safety plan addressing supervision and, if applicable, water safety. **The safety plan is not to exceed timeframe guidelines as referenced on the form instructions.**

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|  |  |  |  |  |
| Foster Parent Signature |  | Print Name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Foster Parent Signature |  | Print Name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| FPS/Agency Signature |  | Print Name |  | Date |