

COUNTY OR AGENCY: _____



RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST

Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

Date: _____ Effective Date: _____ - _____ (not to exceed one year).

Address: _____

A Resource Family or applicant must meet the required home health and safety assessment standards.
(Welfare and Institutions Code section 16519.5(c)(1).)

Application Annual Update Address Change Other: _____

HOME HEALTH AND SAFETY REQUIREMENTS				
Instructions: In order to successfully complete the <i>home health and safety assessment</i> , all of the requirements below must be answered "MET," unless not applicable (N/A), a documented alternative plan (DAP) is granted, or a child/NMD is not placed with the Resource Family or applicant. If the family has been approved for a DAP as indicated on this form, please attach a copy of the approved DAP to this form and provide a copy of it to the family.				
HOME AND GROUNDS	MET	NOT MET	DAP	N/A
Is the home of the Resource Family/applicant(s) clean, safe, sanitary and in good repair?				
Are smoke detector(s) and carbon monoxide detectors or sprinklers approved, commercially manufactured, functioning and installed in hallway(s) in each sleeping area?				
Are outdoor and indoor passageways, stairways, inclines, ramps, and open porches free of obstruction?				
Is the bathroom located indoors, have individual privacy and an operational toilet, sink, tub/shower?				
Do the faucets for personal care have hot water that is at a safe temperature?				
Are fireplaces, open-faced heaters or woodstoves safely maintained and operated?				
Is the temperature of the home safe and comfortable?				
Is lighting in each room and other areas of the home adequate to ensure comfort and safety?				
Do windows with security bars have safety release devices that meet all state and local requirements?				
Is the Resource Family/applicant approved to use delayed egress devices pursuant to Welfare and Institutions Code 16519.52?				
Are there first aid supplies appropriate to meet the needs of a child/NMD?				
BEDROOMS	MET	NOT MET	DAP	NO PLACE MENT(S)
There are <u>no</u> more than 4 children or 4 NMDs of the same gender or gender identity sharing a bedroom. Exceptions: Up to 4 children under 8 years old may share a room, regardless of their birth sex. A DAP is needed for more than 4 children or 4 NMDs to a room.				
There are no more than one child and one NMD of the same gender or gender identity sharing a bedroom as permitted in RFA Written Directives section 11-01. Exceptions: A minor parent and his/her child may share a room, regardless of their birth sex.				
There are <u>no</u> more than 2 infants sharing a bedroom with the Resource Family/applicant (Only infants may share a bedroom with a Resource Family).				
BEDROOMS (continued)	MET	NOT MET	DAP	N/A
Are there any bedrooms commonly used for any other purpose, such as a passageway? Exceptions: A DAP is needed for an adult living in the home who sleeps in a common area.				
Does each bedroom have a safe, direct emergency exit to outside?				
Does each child and/or NMD have an individual bed?				
Does each child's and/or NMD's bed have clean linens and is it in good repair?				
Are bunk beds not more than 2 tiers high, have railings on upper tier, and not used for children under 6 years old?				
Does each bedroom have sufficient closet and drawer storage?				
Are all infants supplied with an age and size appropriate, safe and sturdy bassinet or crib, with a clean comfortable mattress and clean linen? (The crib or bassinet may not have a drop-side, not be tiered or stacked, and not have slats that could pose a risk of trapping an infant.)				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

OUTDOOR ACTIVITY SPACE	MET	NOT MET	DAP	N/A
Are yards and outdoor activity spaces free from hazards that endanger the health and safety of a child or NMD?				
Are all swimming pools, spas, and other bodies of water inaccessible to: Dependent children under 10 years of age; minor and NMDs who are developmentally, mentally or physically disabled; a minor or NMD parent's child who is under ten years of age or developmentally, mentally, or physically disabled? Safety Features in Use: <input type="checkbox"/> Enclosure <input type="checkbox"/> Pool Cover <input type="checkbox"/> Alarms				
STORAGE AREA	MET	NOT MET	DAP	N/A
Are all household knives, medicines, disinfectants, and cleaning solutions appropriately stored? Exceptions: The caregiver may allow a child to have access to the above, and household knives and appliances while following the reasonable and prudent standard.				
Are all firearms, poisons and dangerous items or weapons stored in a locked area? Exceptions: Firearms that have the firing pin removed or a trigger lock.				
Are ammunition and firing pins stored in a separate locked area?				
Is waste located, stored, and disposed of in a manner that will not permit the transmission of diseases or odors, create a nuisance, or provide a breeding place or food source for insects and rodents?				
EMERGENCY PROCEDURES	MET	NOT MET	DAP	N/A
Are emergency numbers placed in a prominent location?				
TELEPHONES	MET	NOT MET	DAP	N/A
Is cellular, internet, or landline telephone service accessible at all times?				
SMOKING	MET	NOT MET	DAP	N/A
Does the Resource Family/applicant refrain from smoking and prohibit anyone else to smoke in the home or vehicle used to transport a child/NMD or, when a child/NMD is present, on the outdoor grounds of the home?				
REPORTING REQUIREMENTS	MET	NOT MET	NO PLACEMENT(S)	
Have any and all reportable incidents been properly reported to the approval and placement agencies?				
RECORDS FOR CHILDREN AND NONMINOR DEPENDENTS	MET	NOT MET	NO PLACEMENT(S)	
Are all the records of the child or NMD maintained and appropriately stored in a confidential manner?				
PERSONAL RIGHTS	MET	NOT MET	NO PLACEMENT(S)	
Is each child and NMD accorded the personal rights as specified in Welfare and Institutions Code section 16001.9 and RFA Written Directives section 11-08?				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only



Resource Family/Applicant Name: _____ Family ID Number: _____

TRANSPORTATION	MET	NOT MET	NO PLACEMENT (S)	N/A
Is transportation provided to children/NMDs for health-related services, school, extracurricular, enrichment, cultural, and social activities?				
Are the vehicles that are used (or that will be used) to transport children/NMDs in safe operating condition?				
Are Resource Families transporting children in appropriate child passenger restraint systems?				
FOOD AND NUTRITION	MET	NOT MET	NO PLACEMENT(S)	
Are special dietary needs met and nutritious meals and snacks provided to children/NMDs?				
REASONABLE AND PRUDENT PARENT STANDARD	MET	NOT MET	NO PLACEMENT(S)	
Is the Reasonable and Prudent Parent Standard applied as required for decisions related to children?				
RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION	MET	NOT MET	NO PLACEMENT(S)	
Are the care and supervision meeting the specified needs of the child or NMD?				
ACTIVITIES	MET	NOT MET	NO PLACEMENT(S)	
Is the child/NMD permitted and encouraged to participate in extracurricular, enrichment, cultural, and social activities?				
COOPERATION AND COMPLIANCE				
Have any false or misleading statements regarding Resource Family Approval or the operation of the home been made or disseminated by the applicant or Resource Family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<small>A Resource Family shall use the Reasonable and Prudent Parent Standard as defined in Welf. & Inst Code section 362.04 and 362.05 and RFA Written Directives section 11-12.</small>				
RESOURCE FAMILY APPROVAL WRITTEN DIRECTIVES STANDARDS				
<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> DAP'S Instructions: If any of the boxes were checked as "Not Met" please describe what must occur for the item to be checked off as "Met" and include any supportive services a County may provide to assist the family in meeting the requirement. Additionally, please include a description of any matters a placing worker may want to consider prior to making a placement, depending on the needs of the child. This may include but not limited to: Are electrical outlets covered? Are safety gates placed on the top and bottom of interior stairways? Are there any animals in the home that may pose a health or safety risk?				
Notes/Comments:				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST

Document for Agency Use Only



Resource Family/Applicant Name: _____ Family ID Number: _____

Notes/Comments Continued:

I certify the home of _____ as of _____ DATE

meets does not meet the home environment assessment standards required for Resource Family Approval, excluding the background check.

AUTHORIZED COUNTY REPRESENTATIVE DATE

By signing below I/we acknowledge that I/we have received a copy of this report.

RESOURCE FAMILY/APPLICANT 1 DATE

RESOURCE FAMILY/APPLICANT 2 DATE