



RELATIVE / KINSHIP HOME ENVIRONMENT CHECKLIST

State Form 55106 (R3 / 11-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

The Indiana Department of Child Services (DCS) will verify the home conditions meet the criteria identified in the home environment checklist for both emergency and non-emergency relative / kinship placements during the initial home inspection by the Family Case Manager (FCM) or Regional Foster Care Specialist (RFCS) and a copy of this document retained in the case record.

For **emergency placements**, areas in **bold** are considered the minimum criteria for placement. If minimum criteria of the placement are not met, supervisor approval is required. Follow-up and completion of all other items identified on the checklist will be completed within forty-eight (48) hours of the initial home inspection.

For non-emergency placements all items identified in the checklist must be met.

Reason for placement		
<input type="checkbox"/> Emergency Relative / Kinship Placement		<input type="checkbox"/> Non-Emergency Relative / Kinship Placement
Name(s) of adult(s) present		
Address (number and street, city, state, and ZIP code)		
Number of household members	Number of beds	Number of bedrooms
Signature of DCS staff (initial visit)		Date of initial visit (month, day, year)
Signature of DCS staff (follow-up)		Date of follow-up visit (month, day, year)
Signature of DCS supervisor (if follow-up approval is needed)		Date signed (month, day, year)

Please initial under "Follow-up Required" when follow-up is complete.	Yes	No	Follow-up Required	N/A
Home Safety				
1. *Interior and exterior premises are clean and free from dangerous or hazardous conditions.				
2. Home has working utilities including a functioning bathroom.				
3. The relative / kinship caregiver has access to safe transportation and appropriate car / booster seats in accordance with Indiana law.				
4. The home has child-friendly pets that have been vaccinated for rabies.				
Bedrooms				
5. Children have their own beds, or a plan is in place to secure beds.				
6. Each bedroom has two (2) exits (fire safety discussed).				
7. No bedrooms for the children being placed is located in the basement, hallway or living area (fire safety discussed).				
Fire Safety				
8. Home has working smoke detector within ten (10) feet of each bedroom , with at least one (1) smoke detector on each level of the home or a plan is in place to secure smoke detectors.				
9. A fire extinguisher is located in the kitchen, or a plan is in place to secure a fire extinguisher.				
10. A carbon monoxide detector is in the home or a discussion regarding the benefits of having a detector in the home has occurred if gas appliances or a furnace are being used.				
Supervision				
11. Household poisons, cleaners and medications are out of reach of children.				
12. Water safety has been discussed if home is near a body of water or pool.				
13. Firearms, ammunition and weapons are stored in locked places inaccessible to children (ammunition and firearms should be in separate locked places).				
DCS Information				
14. The relative / kinship caregiver has received and reviewed a copy of the " Financial Assistance Options for Relative Caregivers ".				
15. All household members have completed appropriate criminal background checks or are in the process of completing.				
16. A copy of driver's license and proof of insurance for all individuals transporting the children has been provided.				
17. The relative / kinship caregiver has reviewed and signed Resource Parent Role Acknowledgement (SF 54642)				

* Interior: cooking and refrigeration area clean, living areas are accessible, furnace and stove work/vented properly, no electrical wiring exposed or not insulated.

By signing below, I attest that the above information is correct and I have disclosed all household members to the DCS.

Signature of potential relative / kinship caregiver (*initial visit*)

Date (*month, day, year*)

The signatures below indicate that the initial home visit and / or any subsequent follow-up home visits have been completed.

Signature of DCS staff (*initial visit*)

Date of initial visit (*month, day, year*)

Signature of DCS staff (*follow-up*)

Date of follow-up visit (*month, day, year*)

Signature of DCS supervisor (*if follow-up approval is needed*)

Date signed (*month, day, year*)