



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 <input type="checkbox"/> Initial licensure <input type="checkbox"/> Annual <input type="checkbox"/> Relicensure <input type="checkbox"/> 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).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exterior premises are clean and free from dangerous or hazardous conditions.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Resource family has access to a working telephone.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Living areas are safe, comfortable, and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bedroom space provides fifty (50) square feet per foster child.	<input type="checkbox"/>	<input type="checkbox"/>	
6. No bedrooms are in a hall, basement, or living area.	<input type="checkbox"/>	<input type="checkbox"/>	
7. All children have their own beds and adequate storage for personal belongings.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Every sleeping room has two (2) exits.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Home has a functioning bathroom.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Home has working utilities.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Household poisons, cleaners, detergents, and medications are out of reach of children.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Unloaded firearms and ammunition are stored in separate locked places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Foster Parent Safety Agreement Regarding Firearms and Other Weapons completed, if applicable (SF 56320)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Received documentation that all household pets have up-to-date rabies vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Home has a 2½ pound ABC fire extinguisher on each floor of the home.	<input type="checkbox"/>	<input type="checkbox"/>	
17. Furnace, stoves, heaters, etc. appear to be properly ventilated and operational.	<input type="checkbox"/>	<input type="checkbox"/>	
18. The inside and outside of cooking and refrigeration equipment is in clean and sanitary condition.	<input type="checkbox"/>	<input type="checkbox"/>	
19. Resource family has access to transportation.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Copy of driver's license, registration, and automotive insurance (in accordance with Indiana Law), if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
21. Appropriate car/booster seats, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Copy of home insurance, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Carbon monoxide detector if gas is used for cooking or heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Well water analysis completed, if applicable; or bottled water is used for cooking and drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Residential Pool Requirements met / Body of Water Safety Plan completed, if applicable (SF 54609)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Emergency Evacuation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Discuss safe sleep with caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Discuss second hand smoke with caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance plan comments: ----- ----- ----- -----

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