



Home Health and Safety Survey for Resource Homes

The purpose of this form is to assess the home for health and safety. This form must be completed prior to initial licensure, at every annual reconsideration, and for any new residence.

Resource Parent(s)		
CJAMS Provider #		
Date of Assessment		
Worker Completing Assessment		
Local Department Completing Assessment		
Resource Home Address		
Type of Home	Apartment Condominium Row Home/ Townhome	Duplex Single Family Home Mobile Home Other:_____
Number of Bedrooms		
Number of Bathrooms		
Year Home was Built		

Conditions of the Home	Yes	No
Does the home have functional appliances and utilities for heating, cooling, cooking, refrigeration, and bathing?		
Is the home free of broken steps, floors, doors or windows that would cause a safety concern?		

Is the home free of holes in the floors, ceilings, walls or doors that would cause a safety concern?		
<p>If the home was built prior to 1978, is there peeling paint in areas that are accessible to children?</p> <p>___ N/A, home was built in 1978 or after</p>		
Is the home and yard free of uncontained garbage and debris?		
Is the home free of insect and rodent infestations?		

Water for Drinking and Bathing	Yes	No
Is the drinking and bathing water in the home free from reported or observed concerns?		

Potentially Dangerous Items and Materials	Yes	No
Are all window coverings cordless or free from unsecured cords, beads, ropes, or strings, per Angel's Law?		
Are items that are potentially dangerous including but not limited to prescription and over the counter medications, vitamins, herbal remedies, pet medications, alcohol, tobacco, marijuana products, etc. inaccessible to children?		
Are cleaning supplies, power and yard tools, pesticides, gasoline, and other dangerous chemicals inaccessible to children?		

Pets	Yes	No	NA
<p>Are pets safe around children?</p> <p>List pets and check yes or no regarding safety concerns:</p>			
Are pets up-to-date with rabies vaccinations?			

Firearms and Ammunition	Yes	No	NA
<p>Are firearms stored unloaded in a locked storage area, and inaccessible to children?</p> <p>List number and type of firearms and where they are stored:</p>			
Is ammunition stored separately from the firearms in a locked storage area, inaccessible to children?			

Swimming Pools, Hot Tubs, Spas, Waterfront Properties, Fish or Duck Ponds, and Similar Bodies of Water	Yes	No	NA
Is the resource parent prepared to provide supervision and safety with regard to bodies of water based on a child in care's age and ability.			
Does the resource parent agree to have at least one individual currently trained in CPR present at the resource home's swimming pool and water recreation area when being used by a child in care?			
Are inground pools enclosed by a fence at least four feet high with a gate that can be locked?			
Do above ground pools have sides that are at least four feet above the ground at all points or fencing that is at least four feet high at all points?			
Do above ground pools have a retractable or removable ladder that can be locked or stored away from the pool when not in use?			
Is the pool area equipped with a life saving device, such as a flotation device?			
Are pools, hot tubs, and spas free from climbable objects on the exterior?			
Do doors and gates that access a pool, hot tub, or spa have locks?			
If a pool, hot tub, or spa has a deck area with a door, do the doors have locks?			
Are hot tubs and spas securely covered when not in use?			

Do fish or duck ponds or other bodies of water have a barrier or safety mechanisms in place to prevent access?			
Please list all barriers and safety mechanisms in place to prevent unsupervised access to bodies of water from the resource home (i.e. door alarms, window alarms, pool alarms, motion activated cameras, etc):			

Initial Assessment Recommendation	Yes	No
Does the home meet the health and safety standards outlined in this assessment?		
If no, please list the concern, plans for addressing the concerns, and the plan for a follow-up inspection:		

	Initial Assessment Signatures	Date
Resource Parent 1		
Resource Parent 2		
Caseworker		
Supervisor		

Follow-up Inspection Recommendation, if applicable		
<p>If a follow-up inspection was completed and the identified concerns were addressed, please describe below.</p> 		
<p>Date of follow-up inspection: _____</p> <p>Does the home now meet the health and safety standards outlined in this assessment?</p>	<p>Yes</p>	<p>No</p>

	Follow-up Assessment Signatures	Date
Resource Parent 1		
Resource Parent 1		
Caseworker		
Supervisor		