

County: \_\_\_\_\_

## RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST

Applicant/Resource Family Name: \_\_\_\_\_

Family ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Application       Portability Application

Approval Update: *(Please select the type of Approval Update)*

24-Month       Relocation       Significant Change       Addition or Removal of RP

Return From Inactive Status       Removal of Child Specific Approval

Other: \_\_\_\_\_

Type of residence:

Single Family       Apartment       Duplex       Other: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_      Number of bathrooms: \_\_\_\_\_

### HOME HEALTH AND SAFETY REQUIREMENTS

An applicant must meet the required home health and safety assessment standards to become approved as a Resource Family, and once approved, must continue to meet the standards to maintain the approval.

**Instructions:** To be completed by RFA program staff for the purpose of approving an applicant as a Resource Family, updating an existing approval, or as determined necessary by the County. In the case of an Indian child, the county shall apply the social and cultural standards of the Indian community. The county shall contact the child's tribe to participate in the home health and safety environment in order to incorporate and apply the Indian Community Standards (ICS). This form may also be used as a guide when assessing the safety of the home for an emergency placement pursuant to Welfare and Institutions Code section 309, 361.45 or 727.05.

HOME AND GROUNDS	MET	FOLLOW UP NEEDED	ICS	N/A
The home of the applicant(s)/Resource Family is clean, safe, sanitary and in good repair.				
Smoke detectors, carbon monoxide detectors, and sprinklers (if applicable) are commercially manufactured, and functioning properly. Smoke detectors and carbon monoxide detectors are installed in hallways of each sleeping area.				
Outdoor and indoor passageways, stairways, inclines, ramps, and open porches are free of obstruction.				
The toilet, sink, and tub/shower are safe, clean, and in operating condition.				
Faucets for personal care have hot water that is at a safe temperature.				
All water used in the home is safe and sanitary.				
Fireplaces, freestanding stoves, and space heaters are safely maintained and operated.				
The temperature of the home is safe and comfortable.				
Lighting in each room and other areas of the home is adequate to ensure comfort and safety.				
Windows with security bars have safety release devices that meet all state and local requirements.				
The applicant/Resource Family is approved to use delayed egress devices pursuant to Welfare and Institutions Code 16519.52.				

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Family ID Number: \_\_\_\_\_

HOME AND GROUNDS (CONTINUED)	MET	FOLLOW UP NEEDED	ICS	N/A
There are first aid supplies appropriate to meet the needs of a child or NMD, and supplies are accessible to NMDs.				
Based on information provided by the applicant/Resource Family, and observations by the RFA program staff, animals in the home do not appear to be a health and safety risk to children or NMDs. (Concerns shall be evaluated and resolved prior to approval.)  List animals in home/comments: _____ _____ _____				
BEDROOMS	MET	FOLLOW UP NEEDED	ICS	NO PLACEMENT(S)
There are no more than 4 children or 4 NMDs of the same gender or gender identity sharing a bedroom. <b>Note:</b> (1) Children of different genders who are under 8 years old may share a bedroom. (2) Siblings of different genders may share a bedroom. <input type="checkbox"/> <b>DAP:</b> A DAP may be approved for more than 4 children or 4 NMDs to share a bedroom.				
There are no more than 1 child and 1 NMD of the same gender or gender identity sharing a bedroom. <b>Note:</b> (1) A minor parent and his/her child of different genders may share a bedroom. (2) Siblings of different genders may share a bedroom. <input type="checkbox"/> <b>DAP:</b> A DAP may be approved for more than 1 child and 1 NMD to share a bedroom.				
There are no children sharing a bedroom with a Resource Parent, applicant, or other adult residing in the home. <input type="checkbox"/> <b>DAP:</b> A DAP may be approved for a specific child to share a bedroom with a Resource Parent or other adult residing in the home due to special circumstances of the child, such as medical conditions or disabilities requiring close supervision.				
There are no more than 2 infants sharing a bedroom with the Resource Family/applicant.				
There are no bedrooms used by a child or NMD that are commonly used for any other purpose, such as a passageway, utility room, or living room.				
Each bedroom used by a child or NMD has an operable window or door that ensures a safe, direct emergency exit to the outside.				

Family ID Number: \_\_\_\_\_

BEDROOMS (CONTINUED)	MET	FOLLOW UP NEEDED	ICS	NO PLACEMENT(S)
Each child or NMD has an individual bed with a clean and comfortable mattress.				
Each child's or NMD's bed has clean linens, blankets, and pillows, and is in good repair.				
Bunk beds are not more than 2 tiers high and have railings on both sides of the upper tier. The upper tier of a bunk bed is not used for children under 6 years old or who are unable to climb into or out of the upper tier unassisted.				
Bedroom furniture is arranged to allow easy passageway between beds and easy entrance into the room.				
Each bedroom used by a child or NMD has sufficient storage space.				
All infants, or a child requiring a crib, are supplied with an individual 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, be tiered or stacked, or have slats that could pose a risk of trapping an infant.)				
OUTDOOR ACTIVITY SPACE	MET	FOLLOW UP NEEDED	ICS	N/A
Yards and outdoor activity spaces are free from hazards that may endanger the health and safety of a child or NMD.				
<p>All swimming pools, spas, and similar bodies of water are inaccessible to: Children in placement under 10 years of age; a child or NMD who is developmentally, mentally or physically disabled; a minor parent's child or NMD parent's child who is under 10 years of age, or developmentally, mentally, or physically disabled.</p> <p>Safety Features in Use:  <input type="checkbox"/> Enclosure <input type="checkbox"/> Pool Cover <input type="checkbox"/> *Alarms</p> <p><b>*Note:</b> Exit alarms shall not be used as a sole safety feature unless it is not physically possible to use an enclosure or pool cover.</p>				
All pools are kept clean and maintained to ensure they are free from objects that may pose a risk to the safety of a child.				
Notes/Comments:				

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<b>STORAGE AREA</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>N/A</b>
All household knives, medicines, disinfectants, and cleaning solutions are inaccessible to a child or NMD. <b>Note:</b> A Resource Family/applicant may allow a child or NMD to have access to the above, as well as appliances, while applying the reasonable and prudent parent standard.				
All poisons such as pesticides, paint products, antifreeze and other dangerous items are stored in a locked storage area.				
Firearms and other dangerous weapons are stored in a locked container such as a lock box or gun safe. <b>Note:</b> In lieu of locked storage, a Resource Family may use locking devices, as defined in Penal Code section 16860, such as trigger locks or cable locks.				
Ammunition is stored in a locked container, separate from firearms.				
Waste is located, stored, and disposed of in a manner that will not permit the transmission of communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects and rodents.				
<b>EMERGENCY PROCEDURES</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>N/A</b>
Emergency phone numbers are placed in a prominent location.				
An identifiable "Emergency Binder" is maintained and accessible at all times for use in emergency situations.				
<b>TELEPHONES</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>N/A</b>
Cellular, internet, or landline telephone service is accessible to a child or NMD at all times.				
<b>RECORDS FOR CHILDREN AND NMDS</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
All the records of the child or NMD are maintained and appropriately stored in a confidential manner. If no placement(s), an appropriate location has been identified.				
If applicable, records of the child or NMD include documentation of prescription medications, injections, and glucose testing, as well as any refusals by a child or nonminor dependent to take prescribed psychotropic medication.				
<b>FOOD AND NUTRITION</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Nutritious meals and snacks are available to children and NMDS including meals and snacks for special dietary needs or practices, if applicable.				

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**OTHER HOME ENVIRONMENT STANDARDS**

The following standards were reviewed during the Home Health and Safety Assessment, and the Resource Family demonstrates an understanding of and agrees to the following:

<b>REPORTING REQUIREMENTS</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Reportable incidents shall be properly reported to the approval and placement agencies.				
<b>PERSONAL RIGHTS OF CHILDREN AND NMDs</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Each child and NMD shall be accorded their personal rights as specified in Welfare and Institutions Code section 16001.9 and the RFA Written Directives.				
<b>REASONABLE AND PRUDENT PARENT STANDARD</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Reasonable and prudent parent standard shall be applied as required for decisions related to children.				
<b>RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Care and supervision shall meet the specified needs of the child or NMD and ensures the child's health, safety, and well-being.				
<b>SMOKING</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
The Resource Family/applicant shall refrain from smoking and prohibit anyone else from smoking in the home or vehicle used to transport a child or NMD, or when a child or NMD is present on the outdoor grounds of the home.				
<b>TRANSPORTATION</b>	<b>MET</b>	<b>FOLLOW UP NEEDED</b>	<b>ICS</b>	<b>NO PLACEMENT(S)</b>
Transportation shall be provided to children and NMDs for health-related services, school, and extracurricular, enrichment, cultural, and social activities.				
Vehicles that are used (or that will be used) to transport children or NMDs are in safe operating condition.				
The Resource Family is transporting children in appropriate child passenger restraint systems. If no placement(s), appropriate restraint systems have been identified.				

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Assessment Dates:	Needs Follow-Up:	Notes:	Requirements Met:
Date: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> Date: _____
Date: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> Date: _____
Date: _____	<input type="checkbox"/>	_____	<input type="checkbox"/> Date: _____

**HOME HEALTH AND SAFETY ASSESSMENT NOTES/COMMENTS**

Instructions: Include any helpful information, comments or observations pertaining to the health and safety assessment. As applicable, include information such as: concerns with approved DAPs or DAPs needed; details about firearms or other dangerous weapons in the home; considerations that a placement worker may need to assess the suitability of the home for a specific child/NMD; and any additional comments or concerns determined pertinent to the approval or continued approval of the applicant/Resource Family.

Notes/Comments:

**If the applicant or Resource Family has been approved for a DAP as indicated on this form, please attach a copy of the approved DAP and provide a copy to the family.**

**INDIAN COMMUNITY STANDARDS**

Instructions: If applicable, include a summary of any Indian Community Standards that were applied in partnership and collaboration with the Tribe. If a Tribal representative participated in the home health and safety assessment, provide their name and contact information.

Tribal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Method of Participation:  In Person  Video  Phone  Email Date of Participation: \_\_\_\_\_

Summary of Indian Community Standards:

**TRIBAL REPRESENTATIVE SIGNATURE OF RECEIPT**

By signing below, I acknowledge that I have received a copy of this report:

Name:	Signature:	Date:
Title:	Phone Number:	Email:

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Family ID Number: \_\_\_\_\_

I certify the home of _____ as of _____	
	DATE
<input type="checkbox"/> meets <input type="checkbox"/> does not meet the health and safety assessment standards required for Resource Family Approval.	
_____	
RFA PROGRAM STAFF	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