

Indiana Department of Child Services

Foster Family Home Physical Environment Checklist

Applicant's Name: _____

Address: _____

Phone Number: _____

Date of Home Visit: _____

Number of children in the home: _____

Number of children applying for: _____

FCM/ Foster Care Licensing Staff: _____

- | | | |
|---|---------|--------|
| 1. Exterior premises are clean and free from dangerous or hazardous conditions. | Yes ___ | No ___ |
| 2. Cooking and refrigeration equipment is in clean and sanitary condition. | Yes ___ | No ___ |
| 3. Living areas are comfortable and accessible. | Yes ___ | No ___ |
| 4. Bedroom space includes 50 sq. feet per foster child. | Yes ___ | No ___ |
| 5. No bedrooms are in a hall or basement. | Yes ___ | No ___ |
| 6. All children have their own beds. | Yes ___ | No ___ |
| 7. Home has a functioning bathroom. | Yes ___ | No ___ |
| 8. Home has a working telephone. | Yes ___ | No ___ |
| 9. Home is well heated and ventilated. | Yes ___ | No ___ |
| 10. Household poisons are out of reach of children. | Yes ___ | No ___ |
| 11. Unloaded firearms and ammunitions are stored in separate locked places. | Yes ___ | No ___ |
| 12. Pets have up to date rabies vaccinations. | Yes ___ | No ___ |
| 13. Home has operational smoke detectors on all levels. | Yes ___ | No ___ |
| 14. Home has a Type B fire extinguisher in the kitchen. | Yes ___ | No ___ |
| 15. Every sleeping room has 2 exits. | Yes ___ | No ___ |
| 16. Furnace, stoves, heaters, etc., are properly vented and are operating in accordance with manufacturer's specifications. | Yes ___ | No ___ |
| 17. Electrical wiring is not exposed or uninsulated. | Yes ___ | No ___ |
| 18. Motor vehicles are in safe operating condition. | Yes ___ | No ___ |

Comments (follow-up required):

Signature of FCM/ FC Licensing Staff

Date