Updated: 12/9/22 through MM/DD/2026]

Foster Home Monitoring Checklist – Walkthrough (LTFC and TFC) – Unlicensed Facility (UF) Quarterly Health and Safety Visit¹

General Home Information										
Foster Parent Name(s):	Name of UC:	Foster Home Licensed Capacity	<u>r.</u>							
Foster Home Address:	Date of Home Visit:	# of Children in Foster Home:	Age/Gender:							
Program Name:	Type of Foster Home License:	# of Adults in Foster Home:	Relationship to FP/Gender:							

^{***} PLEASE NOTE ANY NEW/UNKNOWN NAMES, AGES, RELATIONSHIPS, and MEDICAL NEEDS of Adults or Children living or working in the home (verify all info with FP case file)***

	Compliant?		iant?		Co	mpli	iant?
1) General Safety and Security	Υ	Ν	n/a		Υ	Ν	n/a
Cleaning chemicals inaccessible to UC				Firearms (if applicable) inaccessible to UC			
Medical supplies/prescriptions inaccessible to UC				Other unsafe areas inaccessible to UC			
Fire extinguishers and smoke alarms in working order (test)				Pets? (clean/dangerous)			
Playground/outdoor equipment (if applicable) appears safe and age				Outdoor area secure (fences in good repair, pool,			
appropriate				supervised access)			
Carbon Monoxide detectors (if applicable, gas fuel in home)							

contractor monitors staff to document their findings during the walkthrough portion of quarterly site visits. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact <a href="https://linearchytes.com/uccentrol/uccentro

¹ Unlicensed Facility Quarterly Health and Safety Visits are performed for long-term group homes. ORR does not operate unlicensed long-term foster care or transitional foster care programs.

1)	General Safety and Security

	Compliant?				
2) Confidentiality	Υ	N	n/a		
Confidential UC information in a secure location					
Only individuals with a need to know basis have access to the case files					
Private place for UC to make phone calls (if applicable)					

2)	Confidentiality

	Compliant?				Cor	nplia	ant?	
3) General Home Structure	Υ	Ν	n/	а		Υ	Z	n/a
Clean and Safe (windows/door locks)					Kitchen			
Child-friendly (e.g. no safety/trip hazards)					UC dietary restrictions posted/accessible			
Home is properly maintained (including furniture)					Food stored in a sanitary manner			

Infants/toddlers - age appropriate furniture (e.g. cribs/bedding, high	Knives/sharp objects inaccessible to youth	
chairs, toys, outlet covers)		
Well-ventilated		
Adequately heated/cooled	Bathrooms	
Child-to-parent ratio met	Soap	
	Toilet paper	
Bedrooms	Working toilets	
Separate by gender (per state licensing)	Hot/cold water	
Natural light/dark at night	Appropriate privacy	
Private place to store personal items/clothing	Hygiene/grooming items	
UC provided appropriate clothing/footwear	Towels	
Provision of appropriate linens		
Adequately accommodate all UC		

3)	General Home Structure

	Co	Compliant?		?		mplia	ant?
4) Documents that should be accessible to youth	Υ	Ν	n/a		Υ	N	n/a
Phone numbers for UC to report sexual abuse/harassment (best				Grievance procedures posted			
practice)							
Program rules posted				Extra copies of UC grievance forms			
Foster home rules				Evacuation procedures posted prominently on each			
				floor			

4)	Documents that should be accessible to youth

Foster Home Monitoring Checklist - Other

	Observed?		ed?		Ob	Observed	
Services to Potentially Observe	Υ	Ν	n/a		Υ	N	n/a
Recreation – large muscle, outdoors				Chore assignments			
Meals							

	Review		red?
Logs/Schedules to Potentially Review	Υ	N	n/a
UC documents maintained by the foster parent (phone logs, prescription logs, recreation logs/calendar, fire drill logs etc.)			
Other Notes			