**Foster Home Monitoring Checklist – Walkthrough (LTFC and TFC) – Unlicensed Facility (UF) Quarterly Health and Safety Visit[[1]](#footnote-3)**

|  |
| --- |
| **General Home Information** |
| **Foster Parent Name(s):** | **Name of UC:** | **Foster Home Licensed Capacity:** |
| **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?** |  | **Compliant?** |
| 1. **General Safety and Security**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **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 appropriate |  |  |  | Outdoor area secure (fences in good repair, pool, supervised access) |  |  |  |
| Carbon Monoxide detectors (if applicable, gas fuel in home) |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **General Safety and Security**
 |
|  |

|  |  |
| --- | --- |
|  | **Compliant?** |
| 1. **Confidentiality**
 | **Y** | **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) |  |  |  |

|  |
| --- |
| 1. **Confidentiality**
 |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Compliant?** |  | **Compliant?** |
| 1. **General Home Structure**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **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 chairs, toys, outlet covers) |  |  |  | Knives/sharp objects inaccessible to youth |  |  |  |
| 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 |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **General Home Structure**
 |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Compliant?** |  | **Compliant?** |
| 1. **Documents that should be accessible to youth**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Phone numbers for UC to report sexual abuse/harassment (best practice) |  |  |  |  Grievance procedures posted |  |  |  |
| Program rules posted |  |  |  | Extra copies of UC grievance forms |  |  |  |
| Foster home rules |  |  |  | Evacuation procedures posted prominently on each floor |  |  |  |

|  |
| --- |
| 1. **Documents that should be accessible to youth**
 |
|  |

**Foster Home Monitoring Checklist – Other**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Observed?** |  | **Observed?** |
| **Services to Potentially Observe** | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Recreation – large muscle, outdoors |  |  |  | Chore assignments |  |  |  |
| Meals |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Reviewed?** |
| **Logs/Schedules to Potentially Review** | **Y** | **N** | **n/a** |
|  UC documents maintained by the foster parent (phone logs, prescription logs, recreation logs/calendar, fire drill logs etc.) |  |  |  |

|  |
| --- |
| **Other Notes** |
|  |

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. [↑](#footnote-ref-3)