|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | LICENSING DIVISION (LD)  **Home Inspection Checklist (Kinship)** | | |
| APPLICANT/PROVIDER NAME | | | | INSPECTION DATE |
| ADDRESS | | | CITY STATE        , **WA** | ZIP CODE |
| **Questions marked with \* are required and must be answered.** Narrative boxes are provided for optional note-taking.  Child Welfare: upload completed form in FamLink under Case Work, File Upload, Document. Title the upload: "Home Inspection Checklist - Caregiver Last Name - XX-XX-XX" (date of inspection). | | | | |
| **General** | | | | |
| Home is sanitary. |  | | | |
| Home has access to exits without obstruction. |  | | | |
| All rooms and out-buildings inspected. |  | | | |
| There is access to a working telephone at all times when children are present in the home. |  | | | |
| Items for children's immediate needs (e.g. car seats, diapers, formula). | Child Welfare verified  Child Welfare discussed and DCYF will order | | | |
| **General\*** | **All Requirements Met** | | | |
| Audio and/or visual monitoring of children in care assures children’s right to privacy and is used only as permitted by DCYF.**\*** | There is no electronic monitoring inside the home  Electronic monitoring is used and worker discussed DCYF Policy 4315 | | | |
| **Fire Safety** | | | | |
| Home has an escape from all levels of the home (e.g. ground level window or fire ladder). |  | | | |
| Home has working smoke detectors. |  | | | |
| Home has working carbon monoxide detectors. |  | | | |
| **Fire safety items have been purchased and/or alternate plans were discussed with the family.\*** | **All Requirements Met**  Child Welfare discussed, and DCYF will order | | | |
| **Home has a fire extinguisher.\*** | **Yes**  **No** | | | |
| **Hazards** | | | | |
| Home has no electrical or fire hazards. |  | | | |
| There are no guns, weapons, archery equipment, or ammunition OR they are:   * inaccessible to children * kept in locked containers * locked separately unless stored in a locked gun safe. |  | | | |
| Discussed animal safety and hygiene if property has animals. |  | | | |
| Toxic materials are kept inaccessible when there is concern about inappropriate/unsafe access by children. |  | | | |
| The caregivers have a plan for keeping children from accessing alcohol, nicotine, and marijuana. |  | | | |
| Prescription and over-the-counter medications (including vitamins, herbal remedies, and pet medications) are inaccessible to children, except for a child who has case worker approval to take their own medication. |  | | | |
| **Hazards\*** | **All Requirements Met**  Child Welfare discussed, and DCYF will order locked containers | | | |
| **Site specific conditions (e.g. trampoline, pool, hot tub**, bodies of water, fireplaces**) are addressed on the** [**Supervision Plan for Site-Specific Conditions (DCYF 10-419**](https://www.dcyf.wa.gov/forms?field_number_value=10-419&title=)**).\*** | **Yes**  **N/A - no supervision plan needed**  Child Welfare discussed safety, LD will follow up with plan | | | |
| **Sleeping Arrangements** | | | | |
| Individual beds for children in care unless other arrangements have been approved by the supervisor. | Child Welfare verified individual beds  Child Welfare approved and DCYF will order individual beds | | | |
| Safe sleep environment verified if caring for child under the age of 1. |  | | | |
| Minimum of two accessible exits from each bedroom (e.g. window large enough for rescue personnel and door) or alternate plans were discussed with the family. |  | | | |
| **Sleeping Arrangements\*** | **All Requirements Met** | | | |
| **Comments** | | | | |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Staff Signature** | | |
| DCYF STAFF NAME | DCYF STAFF SIGNATURE | DATE |