



Safety Assessment

Home and Surroundings



As an applicant or certified caregiver, I will participate in certification and re-certification assessments in a timely manner and in the ongoing monitoring of my home. I will give the required information to the Department of Human Services (DHS) needed to verify compliance with all rules, including change of address and number of persons in the household.

“✓” If in full compliance.

- ☐ The home has adequate space for each member of the household, including space for safe and appropriate sleeping arrangements.
- ☐ The home has safe drinking water.
- ☐ Certified family/applicant has access to a working phone and a telephone at which the family may be reached.
- ☐ Certified family/applicant has the necessary equipment for the safe preparation, storage, serving and clean-up of food.
- ☐ First aid supplies are available and easily accessible.
- ☐ The home's heating system is operable. It appears and is reported to be safe, properly installed and maintained.
- ☐ The home's interior area & exterior surroundings are free of hazards to the child and young adult's health and well being. This includes consideration of tools, chemicals, out buildings and machinery.
- ☐ Play areas and equipment appear safely maintained for children & young adults.
- ☐ Swimming pools, wading pools, hot tubs and other water hazards are inaccessible to children & young adults in care or the applicant/certified family has a plan to responsibly supervise the child. ☐ No water hazards at home.
- ☐ Certified family/applicant has stored all poisonous chemicals and cleaning materials in such a way as to prevent access by children & young adults. All Psychotropic Medications are and will be stored in a locked container.
- ☐ Animals, if any, are cared for properly and any potential danger is appropriately addressed.
- ☐ All dangerous hunting or sporting equipment is kept safely and securely inaccessible to a child or young adult.
- ☐ Smoke alarms are in working order and located in every room in which a child in care sleeps. Additionally, there is a smoke alarm on each floor of the house.
- ☐ There is at least one operable fire extinguisher, class 2-A-10BC or higher, accessible in the home.
- ☐ The house does have at least two means of exit in case of emergency. Any barred windows in a child's bedroom or used for an exit are fitted with operable quick release mechanisms, which the child or young adult can operate. ☐ No barred windows in this home.
- ☐ There is a barrier around heating devices as appropriate, based on type of child and or young adult, in this home.
- ☐ The home has a posted home evacuation plan. It will be shared with the child or young adult at the time of placement and will be practiced at least one time every 6 months. The plan contains provisions for evacuating children and young adults unable to get themselves out of the home in a safe manner.
- ☐ All bedrooms for children and young adults have safe, unrestricted, & direct access (at all times) to: hallways, corridors, living rooms & other such common areas and at least one secondary means of escape or rescue.
- ☐ Any doors with locks that may prevent a child or young adult in care from exiting a room or allow a child to lock himself in a room, are operable from both sides of the door.
- ☐ Certified family/applicant has access to safe and reliable transportation and only licensed and insured

THIS FORM IS AVAILABLE IN ALTERNATE FORMAT UPON REQUEST

individuals will transport children or young adults and will assure all passengers use seat belts or child safety seats.

Certified Caregiver initials: _____ Driver License No.: _____ Insurance expiration date: _____

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☐ The child or young adult in this home is not exposed to any second hand smoke.

Comments:

★All items on the Safety Assessment have been reviewed with a DHS worker. ☐ Yes ☐ No

★I have received a copy of Certification Standards for Foster Parents, Relative Caregivers and Pre-Adoptive Parents (OAR 413-200-0301 through 413-200-0396). ☐ Yes ☐ No

★I have received a copy of Department Responsibilities for Certification and Supervision of Relative Caregivers, Foster Parents, and Pre-Adoptive Parents (OAR 413-200-0270 through 413-200-0296) and/or have been given the internet address of this document. ☐ Yes ☐ No

★I believe I am in compliance with these Rules and I will continue to abide by them throughout the certification period. ☐ Yes ☐ No

_____/_____/_____
Signature – Applicant / Certified Caregiver Date

_____/_____/_____
Signature – Applicant / Certified Caregiver Date

_____/_____/_____
Signature – Worker completing Safety Assessment Date

Address of Residence

_____/_____/_____
Date of Home Visit Inspection

Provider Name

Caseworker: If the certified caregivers did not receive a copy of “Certification Standards for Foster Parents, Relative Caregivers, and Pre-Adoptive Parents” at the time this Safety Assessment List was completed, indicate the date it was given to the family: ____/____/____