



RELATIVE HOME ENVIRONMENT CHECK LIST

State Form 55106 (9-12)
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: Family Case Manger (FCM) will verify the minimum criteria are met for emergency placement (or all items are met if non-emergency) during the initial home inspection with the relative family. Follow-up and completion of all other listed items should be completed within forty-eight (48) hours by either the FCM or Regional Foster Care Specialist (RFCS). A copy of this form must be placed in the child's file. Items in **BOLD** are the "minimum criteria" and must be met for emergency placement. Bolded items not met at the time of emergency placement must have Supervisor approval.*

| | | |
|---|----------------|---|
| Reason for placement | | |
| <input type="checkbox"/> Emergency Relative Placement | | <input type="checkbox"/> Non-Emergency Relative Placement |
| Name(s) of adult(s) present | | |
| Address (number and street, city, state, and ZIP code) | | |
| Number of household members | Number of beds | Number of bedrooms |
| Signature of DCS staff (initial visit) | | Date of initial visit (month, day, year) |
| Signature of DCS staff (follow-up) | | Date of follow-up visit (month, day, year) |
| Signature of DCS supervisor (if follow-up approval is needed) | | Date signed (month, day, year) |

| <i>Please initial under "Follow-up required by RFCS or FCM" when follow-up is complete.</i> | Yes | No | Follow-up required by RFCS or FCM | Not Applicable |
|---|-----|----|-----------------------------------|----------------|
| Home Safety | | | | |
| 1. *Interior and exterior premises are clean and free from dangerous or hazardous conditions. | | | | |
| 2. Home has working utilities including a functioning bathroom. | | | | |
| 3. The relative caregiver has access to safe transportation and appropriate car / booster seats in accordance with Indiana law. | | | | |
| 4. The home has child-friendly pets that have been vaccinated for rabies. | | | | |
| Bedrooms | | | | |
| 5. Children have their own beds or a plan is in place to secure beds. | | | | |
| 6. Each bedroom has two (2) exits (fire safety discussed). | | | | |
| 7. No bedrooms for the children being placed is located in the basement, hallway or living area (fire safety discussed). | | | | |
| Fire Safety | | | | |
| 8. Home has working smoke detector within ten (10) feet of each bedroom, with at least one (1) smoke detector on each level of the home or a plan is in place to secure smoke detectors. | | | | |
| 9. A fire extinguisher is located in the kitchen or a plan is in place to secure a fire extinguisher. | | | | |
| 10. A carbon monoxide detector is in the home or a discussion regarding the benefits of having a detector in the home has occurred if gas appliances or a furnace are being used. | | | | |
| Supervision | | | | |
| 11. Household poisons, cleaners and medications are out of reach of children. | | | | |
| 12. Water safety has been discussed if home is near a body of water or pool. | | | | |
| 13. Firearms, ammunition and weapons are stored in locked places inaccessible to children (ammunition and firearms should be in separate locked places). | | | | |
| DCS Information | | | | |
| 14. The relative caregiver has received and reviewed a copy of the "Relative Resource Guide". | | | | |
| 15. The relative caregiver has received and reviewed a copy of the "Financial Assistance Options for Relative Caregivers". | | | | |
| 16. All household members have completed appropriate criminal background checks or are in the process of completing. | | | | |
| 17. A copy of driver's license and proof of insurance for all individuals transporting the children has been provided. | | | | |

** Interior: cooking and refrigeration area clean, living areas are accessible, furnace and stove work/vented properly, no electrical wiring exposed or not insulated.*

| | |
|--|-------------------------|
| By signing below, I attest that the above information is correct and I have disclosed all household members to the Department of Child Services. | |
| Signature of potential caregiver (initial visit) | Date (month, day, year) |