

HEALTH AND SAFETY STANDARDS – Home Checklist

INSTRUCTIONS: To be completed by the parent/guardian by conducting a walk-through inspection with the provider in the home where care will be given. The signatures below certify that a walk-through inspection has been conducted by both parties.

Parent’s Name (Please Print): _____

Parent’s Address (full address, including city and state): _____

Address where care will be provided (full address, including city and state): _____

Yes	No	N\A*	(*If N\A please explain below)
			Medications, household poisons, dangerous substances and instruments or tools are out of reach or locked up.
			Food is stored separately from cleaning supplies and other household products.
			Home is clean, uncluttered and safe.
			Any crib being used was purchased (new) on or after June 28, 2011.
			Exits are free from trash and other objects.
			Electrical outlets are covered with safety caps if children are under 5 years old.
			Guns on the property are in locked storage or have trigger locks installed.
			Toys and play equipment are clean and safe.
			A working telephone is on site during all hours that children are in care.
			Emergency telephone numbers are posted and easily accessible.
			Stairways are railed and guarded if children are under 2 ½ years old.
			Outside play areas are fenced and adult supervised, free from trash and other dangerous objects.
			Outside play equipment is anchored and in good repair.
			Emergency plans are developed and discussed in case of fire, tornadoes, storms, and floods.
			Emergency procedures are posted in case of an accident.
			Emergency Medical Release forms (Consent for Medical Care) for the children are signed and on file at the location of care.
			Smoke alarms are installed and working properly.
			A smoke free policy is in effect during hours of care. This includes the provider, other residents of the home and all visitors to the home.
			The DCF Policy Statement on Discipline has been discussed, is understood, and signed by the provider.

*Any marked N/A requires explanation:

I acknowledge that I am fully responsible if standards are not met or maintained.

Parent/Guardian Signature : _____

Date: _____

Provider Signature: _____

Date: _____