

Southwestern Youth Services, Inc.
Annual Host Home Assessment Checklist

Family Name: _____
Date Completed: _____

1. Does the physical facilities of the home present any safety hazards?
The physical facilities of the home must present no hazards to the safety of a child. ☐ Yes ☐ No
- a. Are there weapons in the household. ☐ Yes ☐ No
- b. If yes, are they stored in a locked storage cabinet? ☐ Yes ☐ No
- c. If no, describe storage: _____
- d. Are household cleaning supplies out of reach of younger or vulnerable children? ☐ Yes ☐ No
- e. Are medicines properly stored? ☐ Yes ☐ No
- f. Are medicines out of reach of younger or vulnerable children? ☐ Yes ☐ No
- g. Is there adequate indoor space for play activity? ☐ Yes ☐ No
- h. Is there adequate and safe outdoor space for play activities? ☐ Yes ☐ No
- i. If no, explain: _____
- j. Is the yard fenced? ☐ Yes ☐ No
- k. Is there room to play in back yard? ☐ Yes ☐ No
- l. Is the physical structure of the house good? ☐ Yes ☐ No
- m. Cleanliness and appearance of the home? ☐ Yes ☐ No
- n. Does the cleanliness and appearance of the house present safety/health hazards?
If yes, please explain: _____ ☐ Yes ☐ No
- o. Does the cleanliness and appearance of the yard present safety/health hazards?
If yes, please explain: _____ ☐ Yes ☐ No
- p. Does the home have at least one working smoke detector in the vicinity of the sleeping areas? ☐ Yes ☐ No
- q. Does the home have a working fire extinguisher in the kitchen area? ☐ Yes ☐ No
- r. Are there traffic hazards due to the location of the home? ☐ Yes ☐ No
- s. Are clear glass doors plainly marked to avoid accidental impact? ☐ Yes ☐ No
- t. If the home is not on a municipal system, is there a toilet and bathing water supply and a garbage and sewer disposal system? ☐ Yes ☐ No
- u. Are there safety issues related to the bathroom, e.g. leaky faucets, hot water drips, open-faced heaters? ☐ Yes ☐ No
- v. Do the electrical outlets have faceplates? ☐ Yes ☐ No
- w. Is smoking allowed in the home? ☐ Yes ☐ No
- x. Is the family willing to refrain from smoking in the family automobiles? ☐ Yes ☐ No
- y. What is the plan to prevent exposing children to secondhand smoke? _____
2. Is there an emergency evacuation plan in the event of a fire, tornado, or flood? ☐ Yes ☐ No
3. Are emergency numbers posted by the phone (s)? ☐ Yes ☐ No
4. Does the family have or are they willing to provide age appropriate child care equipment for a child? (e.g. cribs, high chairs, bottles, car seats) 340:75-17-3 ☐ Yes ☐ No
5. Are the bedrooms well lighted and ventilated? ☐ Yes ☐ No
6. Does the family have access to a working telephone? Area Codes & Phone Numbers ☐ Yes ☐ No

Home _____ Work _____ Emergency _____

7. a. Does the home have adequate sleeping space and spare beds for additional children? 340:75-17-3 ☐ Yes ☐ No
- b. Number of bedrooms available for children? _____
- c. Number of beds for additional children? _____
- e. What is the number, age & gender of children who share a bedroom with other children? _____
- f. What is the number, age & gender of children who share a bed with other children? _____
- g. Does the home have adequate storage space for foster child's clothes/belongings? ☐ Yes ☐ No

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8. Does the home have:

- a. Stairs or steps: ☐ Yes ☐ No
If yes, are guards and/or rails present? ☐ Yes ☐ No
- b. Fireplace: ☐ Yes ☐ No
If yes, does it have a screen, guard, etc. for protection? ☐ Yes ☐ No
- c. Wood burning stove: ☐ Yes ☐ No
If yes, does it have a screen, etc. for protection? ☐ Yes ☐ No
- d. Floor furnace: ☐ Yes ☐ No
If yes, does it have a screen, etc. for protection? ☐ Yes ☐ No
- e. Open faced space heater: ☐ Yes ☐ No
If yes, does it have a screen, etc. for protection? ☐ Yes ☐ No
- f. Is there a swimming pool/pond/backyard pond/or hot tub? ☐ Yes ☐ No
If yes, what is the safety plan? _____
- g. Are there any pets? ☐ Yes ☐ No
If yes, how does the family assure child safety/protection from the pet? (pens, cages, etc.) _____
- h. What is the personality of the animal? _____
- i. Are bathrooms in working order? ☐ Yes ☐ No
- j. Other safety issues? ☐ Yes ☐ No
If yes, specify? _____

9. Does the family have a working car with state-mandated 25-50-25 liability insurance?

☐ Yes ☐ No

Do the automobiles have a valid and current tag?

Document the tag expiration date. _____

Are there an adequate number of seat belts and/or car seats for each passenger in the vehicle?

☐ Yes ☐ No

Name of car owner? _____

Insurance company/expiration date: _____

Comments: If areas of concern or non-compliance issues have been identified, discuss the plan in which the deficiencies will be corrected and include the time frame.

Mother Signature

Date

Father Signature

Date

SWYS Staff Signature

Date