



**Lummi Child Welfare**  
 2665 Kwina Road, Bellingham WA  
 Phone: (360)384-2324 Fax: (360)384-2341

### HOME INSPECTION

Applicant A:	Applicant B:	
Address:	City:	Zip code:
Phone Number:	Alt. Phone Number:	

A walk-through home inspection was conducted on this home \_\_\_\_/\_\_\_\_/\_\_\_\_  
 at \_\_\_\_:\_\_\_\_ am/pm by Lummi Child Welfare Department Case Worker \_\_\_\_\_.  
 This home is located (Identify the City and Neighborhood Name) \_\_\_\_\_ and is  
 owned by (applicant, family member, landlord, etc.) \_\_\_\_\_.  
 The applicant(s) \_\_\_\_\_ (own, rents, or leases) the home.  
 The home (is/isn't) located in Indian Country. The applicant(s) has lived in this home for (#) \_\_\_\_  
 years, and (does/doesn't) have plans to move in the near future.  
 The home is a \_\_\_\_\_ (house, apartment, trailer, etc.) and is (#) \_\_\_\_ stories.

Neighborhood	
Does the neighborhood itself appear safe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Are there cellphone receiver issues at the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Are there internet receiver issues at the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:	

Household Composition						
Residents/Frequent Visitors						
Person	DOB	Resident or Visitor	Relationship			
Background Checks						
<i>(Background checks are required on all household residents age 16 and up. It is recommended that persons who frequently visit the home, i.e. several times per week or overnight, be background checked as well.)</i>						
Name	DOB	Background Check Date	Results	Concerns	Waiver Y/N?	Waiver Granted: Y/N?
			<input type="checkbox"/> Info. Found <input type="checkbox"/> No Info. Found			
			<input type="checkbox"/> Info. Found <input type="checkbox"/> No Info. Found			
			<input type="checkbox"/> Info. Found <input type="checkbox"/> No Info. Found			
			<input type="checkbox"/> Info. Found <input type="checkbox"/> No Info. Found			
Pets						
Name	Breed	Demeanor	Vaccinated: Y/N?	Concerns		
Are the animals receiving standard veterinary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Comments/Concerns:			
Do the animals pose as a risk to the children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Comments/Concerns:			
Are the animals medications kept in a separate locked container?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Comments/Concerns(e.g. where are these items located):			
Additional information:						

**Home Details** (provide drawing of the layout of the home floor plan): Floor A

A large grid for drawing a floor plan. The grid consists of 20 columns and 18 rows. The grid is empty, with a small 'dwt/me' watermark in the top right corner.

**Home Details** (provide drawing of the layout of the home floor plan): Floor B

A large grid for drawing a floor plan. The grid consists of 20 columns and 20 rows. The grid is mostly empty, with a small handwritten mark 'dun' in the top right corner of the first row.

<b>Property/Outside Area</b>		
Does the home have a front entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
What room does the front entrance enter into?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Does the home have a back entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
What room does the back entrance enter into?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Does the home have a yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Are there any safety concerns in the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Is there a good amount of child play space available in the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Are there any pools or bodies of water in the yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Are the pools or bodies of water secured by a fence or barrier with a locking gate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
All pools/bodies of water are locked when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
A supervision plan is in place when the home has a pool or bodies of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Are there railroads or other hazards on or near the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Does the home have a trampoline? If so, is there a trampoline policy put in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Additional information:		

<b>Garage/Vehicle Space</b>		
Are vehicles kept in the garage? If no, where are they kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
How many vehicles are kept on the property?	____ number of vehicles	Comments/Concerns:
Are there any safety concerns with the garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Are there any safety concerns with the vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:

Is the equipment in the garages stored safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does each family vehicle have seatbelts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Have age appropriate car seats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Has the right amount of car seats needed for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
All drivers have current Washington State license and insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

<b>Emergency Safety</b>		
Does the home have a fire escape plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Is the fire escape plan posted throughout the home? If so, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does the home have functioning smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Are there smoke detectors within proximity to child's bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does the home have a carbon monoxide detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does the home have a natural disaster plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
There are no obstacles in exit ways, stairways or rescue windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Every occupied area has access to at least one exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Flammable materials and poisons are inaccessible to children in the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Fireplaces, wood stoves, heating systems have barriers for children under age 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns (e.g. when was last chimneys sweep done, date and how often) :

Home has at least one working 5lb or larger fire extinguisher on each level of the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Multi-level homes have escape plans from every floor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home address is clearly visible and easy to locate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

General		
Cleaning supplies, toxic substances, etc. are inaccessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns (e.g. where are these items located):
Home is clean, sanitary and free of hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does it appear to be maintained in a clean condition generally?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Is there excessive clutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Electrical outlets are tamper-proof, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home has at least one working telephone for emergencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Concerns:
Emergency numbers are posted on or near the phone.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home has adequate ventilation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home is free of mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home has adequate garbage disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Home has adequate sewage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Sewage is discharged into a public or functioning system or into a DOH and/or tribal approved alternate system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Alcoholic beverages are inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:

Smoking is prohibited in all living spaces and in car with children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns (e.g. if any household member smokes, where do they smoke):
Guns and other weapons are secure and inaccessible to children? Describe weapons, location, and who has access to them..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Ammunition is inaccessible and separate from weapons.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns (e.g. where are these items located):

First Aid		
Does the home have a first aid kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Immunizations of child are on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Immunizations of pet(s) are on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
All medications are in locked storage with pet medications separate from human medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns (e.g. where are these items located):
Prescription medications given to children are being recorded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

Living Room		
Does the home have a living room? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Living Room A:		
Where is it located?		
Is there child play space in the room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Check all that apply in the living room:		
<input type="checkbox"/> Couches <input type="checkbox"/> Windows <input type="checkbox"/> Tables <input type="checkbox"/> Other _____	<input type="checkbox"/> Television <input type="checkbox"/> Lamps/ lighting <input type="checkbox"/> Fire place <input type="checkbox"/> Other _____	
Additional information:		



<b>Living Room B:</b>		
Where is it located?		
Is there child play space in the room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Check all that apply in the living room:		
<input type="checkbox"/> Couches <input type="checkbox"/> Windows <input type="checkbox"/> Tables <input type="checkbox"/> Other _____	<input type="checkbox"/> Television <input type="checkbox"/> Lamps/ lighting <input type="checkbox"/> Fire place <input type="checkbox"/> Other _____	
Additional information:		

<b>Laundry Room</b>		
Does the home have a laundry room? If so, where is it located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Adequate laundry facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Adequate laundry storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Check all that apply in the laundry room:		
<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Sink	<input type="checkbox"/> Cupboards <input type="checkbox"/> Counter <input type="checkbox"/> Other _____	
Additional information:		

<b>Kitchen</b>		
Where is the kitchen located?		
Check all that apply in the kitchen area:		
<input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Cabinets <input type="checkbox"/> Other _____	<input type="checkbox"/> Sink <input type="checkbox"/> Microwave <input type="checkbox"/> Dish Washer <input type="checkbox"/> Windows <input type="checkbox"/> Other _____	
Does the home have sufficient food for household members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Is all food stored properly and away from toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:

Water temperature does not get too hot too fast.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Latches on lower cabinets, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Kitchen appliances operate properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Sharp tools are stored in a place inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Countertops are free of grease and grime.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Do you see any safety hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

Dining Room		
Does the home have a dining area? If so, where is it located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Does the family eat in the dining room? If no, where do they eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Do they have a dining table? If so, how many does the table seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

Rooms	
This home has (#)_____ rooms.	
<b>Room A:</b>	
Where is the room located?	Who occupies this room?
Check all that Apply: <input type="checkbox"/> Bed(s)- # of Beds: _____ <input type="checkbox"/> Dresser <input type="checkbox"/> Television <input type="checkbox"/> Window <input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Closet <input type="checkbox"/> Nightstand <input type="checkbox"/> Desk <input type="checkbox"/> Lamp <input type="checkbox"/> Chair <input type="checkbox"/> Carbon Monoxide Detector

Room has adequate privacy and sleeping and floor space for safety and comfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Each child has an appropriately sized bed with clean bedding, and a mattress in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Cribs meet all safety requirements. - no loose blankets, stuffed toys, pillows, are not placed in crib with infants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
There is unrestricted access to outdoors as well as direct access to a common area: hallway, living room, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Children 6 years and older do not share bedroom with opposite gender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Only 1 parent and infant(s) per bedroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Child 1 year and older does not share bedroom with an adult that is not the child's parent, unless recommended.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Extended foster care youth may share a bedroom with a younger sibling of the same gender <u>or</u> an unrelated child at least 10 years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Room B:</b>		
Where is the room located?	Who occupies this room?	
Check all that apply: <input type="checkbox"/> Bed(s)- # of Beds: _____ <input type="checkbox"/> Dresser <input type="checkbox"/> Television <input type="checkbox"/> Window <input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Closet <input type="checkbox"/> Nightstand <input type="checkbox"/> Desk <input type="checkbox"/> Lamp <input type="checkbox"/> Chair <input type="checkbox"/> Carbon Monoxide Detector	
Rooms have adequate privacy and sleeping and floor space for safety and comfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Each child has an appropriately sized bed with clean bedding, and a mattress in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Cribs meet all safety requirements. -no loose blankets, stuffed toys, pillows, are not placed in crib with infants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Unrestricted access to outdoors as well as direct access to a common area: hallway, living room, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:

Children 6 years and older do not share bedroom with opposite gender.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Only 1 parent and infant(s) per bedroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Child 1 year and older does not share bedroom with an adult that is not the child's parent, unless recommended.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Extended foster care youth may share a bedroom with a younger sibling of the same gender or an unrelated child at least 10 years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Room C:</b>		
Where is the room located?		Who occupies the room?
Check all that apply: <input type="checkbox"/> Bed(s)- # of Beds: _____ <input type="checkbox"/> Dresser <input type="checkbox"/> Television <input type="checkbox"/> Window <input type="checkbox"/> Smoke Detector		<input type="checkbox"/> Closet <input type="checkbox"/> Nightstand <input type="checkbox"/> Desk <input type="checkbox"/> Lamp <input type="checkbox"/> Chair <input type="checkbox"/> Carbon Monoxide Detector
Rooms have adequate privacy and sleeping and floor space for safety and comfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Each child has an appropriately sized bed with clean bedding, and a mattress in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Cribs meet all safety requirements. -no loose blankets, stuffed toys, pillows, are not placed in crib with infants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Unrestricted access to outdoors as well as direct access to a common area: hallway, living room, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Room D:</b>		
Where is the room located?		Who occupies this room?
Check all that apply: <input type="checkbox"/> Bed(s)- # of Beds: _____ <input type="checkbox"/> Dresser <input type="checkbox"/> Television <input type="checkbox"/> Window <input type="checkbox"/> Smoke Detector		<input type="checkbox"/> Closet <input type="checkbox"/> Nightstand <input type="checkbox"/> Desk <input type="checkbox"/> Lamp <input type="checkbox"/> Chair <input type="checkbox"/> Carbon Monoxide Detector

Rooms have adequate privacy and sleeping and floor space for safety and comfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Each child has an appropriately sized bed with clean bedding, and a mattress in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Cribs meet all safety requirements. -no loose blankets, stuffed toys, pillows, are not placed in crib with infants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Unrestricted access to outdoors as well as direct access to a common area: hallway, living room, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Room E:</b>		
Where is the room located?	Who occupies this room?	
Check all that apply: <input type="checkbox"/> Bed(s)- # of Beds _____ <input type="checkbox"/> Dresser <input type="checkbox"/> Television <input type="checkbox"/> Window <input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Closet <input type="checkbox"/> Nightstand <input type="checkbox"/> Desk <input type="checkbox"/> Lamp <input type="checkbox"/> Chair <input type="checkbox"/> Carbon Monoxide Detector	
Rooms have adequate privacy and sleeping and floor space for safety and comfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Each child has an appropriately sized bed with clean bedding, and a mattress in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Cribs meet all safety requirements. -no loose blankets, stuffed toys, pillows, are not placed in crib with infants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Unrestricted access to outdoors as well as direct access to a common area: hallway, living room, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

<b>Bathrooms</b>		
This home has (#) ____ bathrooms.		
<b>Bathroom A:</b>		
Where is the room located?		
Bathroom is clean and sanitary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:

Toddlers have appropriate toilet training equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Water temperature does not get too hot too fast.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Bathroom is functioning: hot/cold running water, toilet, sink, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Bathroom B:</b>		
Where is the room located?		
Bathroom is clean and sanitary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Toddlers have appropriate toilet training equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Water temperature does not get too hot too fast.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Bathroom is functioning: hot/cold running water, toilet, sink, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		
<b>Bathroom C:</b>		
Where is the room located?		
Bathroom is clean and sanitary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Toddlers have appropriate toilet training equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Water temperature does not get too hot too fast.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Bathroom is functioning: hot/cold running water, toilet, sink, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments/Concerns:
Additional information:		

**Assessment**

Home Condition/Safety (is the home safe, or do you have concerns?):

Placement of Child (do you think it's appropriate to place a child in this home?):

Visitation (is this home appropriate for children to have visitation occur in this home?):

Background Checks (are there any background check concerns regarding residents or visitors in the home?):

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LCW Staff Signature

Date

---

LCW Staff Signature

Date