

## Unlicensed Relative or Prospective Foster Home Safety Evaluation

*For Unlicensed Relatives or Provisional Licenses Issued under Emergency Conditions*

**Note: Information on this form is confidential.**

**For Tribal Compact Referrals:**

PSS is responsible for filling out page 1 of this form.

The Co-Signer is responsible for verifying all information with the potential caregivers

Date relative requested placement:

Has the relative Placement Request been documented in ORCA?  Yes  No

Describe any special needs, medical needs, and/or necessary services (including transportation needs) of the child(ren):

Has the prospective caregiver been informed of financial options that are available to support the family including TANF, Emergency Relief Services, Licensed Foster Care payments, other assistance?

Yes  No

# Safety Evaluation

The following section must be filled out by the individual conducting the face-to-face safety evaluation during the home visit.

Describe the sleeping arrangements for the child(ren).

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Does the adult caregiver(s) have the supplies and equipment needed to provide for the child(ren) in care?

Yes  No  If no, what is needed (formula, diapers, car seat, etc.)?

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Describe the ability and commitment of the caregiver to meet the child(ren)'s medical needs, and/or necessary services (including transportation) of the child(ren).

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Are there two ways to safely escape the home in the event of an emergency? Yes  No

Describe the emergency escape plan: \_\_\_\_\_

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Is there a window that opens in each sleeping room? Yes  No

If no, please explain how this will be addressed: \_\_\_\_\_

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Are there working fire extinguishers on each level in the home? Yes  No

(There must be one 2A 10BC multipurpose fire extinguisher on each level)

Are there working carbon monoxide detectors on each level in the home? Yes  No

(Homes that use oil, wood, natural gas, or propane must have detectors in each sleeping area or within 3 feet from the entrance)

Are there working smoke alarms in each sleeping area and each level in the home? Yes  No

Are the heaters portable, electric or fuel burning? Yes  No

If yes, please explain: \_\_\_\_\_

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Please describe type and any potential safety concerns, including concerns related to the heating devices in the home (e.g., combustible materials within 3 feet of a fire source): \_\_\_\_\_

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Are there any potential hazards in the home or in the surrounding area? Including exposed live electrical wires, poisonous plants, or potentially dangerous household pets: Yes  No

If yes, what are the potential hazards and what is the plan to keep the children safe from them?

What is the water supply? City  Well  Hauled Water  Rain Catchment

Where and how are medicines and toxic cleansers stored? How are children protected from accidental exposure?

Where and how are firearms and ammunition stored? How are children protected from contact?

**Note: Firearms must be unloaded and stored in a locked place that is not visible or accessible to children in care and**

**REFERENCE:**

Evaluator to obtain one reference check (cannot be a relative or anyone directly involved in the case)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provide a statement from the reference regarding adult caregiver's ability to safely care for child(ren). If there is more than one caregiver in the home be sure to include a statement regarding each caregiver. Questions can include, how the person gets along with others, individual's ability to show patience, tolerance, and acceptance of others, how the individual disciplines children, and their style of parenting, whether the person has any safety concerns of a child being the individuals home?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PERTINENT INFORMATION AND EVALUATOR'S RECOMMENDATION**

Is there any other information that the evaluator would like to report regarding the safety and well-being of the child(ren) being placed in the home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the evaluator recommend this home for placement? Yes  No

If other supports are needed to make this placement successful, please describe.

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Individual Completing Safety Evaluation

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature of Individual Completing Safety Evaluation

\_\_\_\_\_  
Date