**Instructions:** Certifier will inspect the foster home with the foster parent to verify compliance with Oregon Administrative Rule Division 530. Certifier will visually verify each item below and indicate compliance by checking the appropriate box. All items must be in compliance before safety check is deemed finalized. Certifier will review and discuss each item with the foster parent.

| Foster Parent Name: | | | Inspection Date: |
| --- | --- | --- | --- |
|  | | |  |
| Address: | | | |
|  | | |  |
| **Living Areas** | | | **Comments / Notes / Corrections** |
|  |  | There is sufficient living or family room space that is comfortably furnished and accessible to all members of the household. |  |
|  |  | There is a working and accessible telephone with service in the home at all times. |  |
|  |  | Electronic networks and internet capable devices are secured; password protected; and there is a method to monitor activity. (Open Wi-Fi) |  |
|  |  | The kitchen contains equipment necessary for the safe preparation, storage, serving and cleanup of meals. All cooking and refrigeration equipment is working and in a sanitary condition. |  |
|  |  | The kitchen appears to be clean, ensuring meals prepared and served are safe and sanitary minimizing the possibility of food poisoning or food infection. Only pasteurized milk, juices, or powdered milk may be used for youth consumption. |  |
|  | | |  |
| **Fire Safety** | | | **Comments / Notes / Corrections** |
|  |  | At least one unexpired and operable class 2-A-10BC or higher rated fire extinguisher is available and maintained on each floor of the home.  Annual visual inspection for updated tag.  Any safety and testing measures identified by a licensed professional have been remedied. |  |
|  |  | Functioning carbon monoxide alarms are within 15 feet of each youth bedroom and one is located on each floor. |  |
|  |  | Bedrooms occupied by youth have a functioning smoke alarm. In addition, at least one working smoke alarm is on each floor of the foster home. |  |
|  |  | All space heaters are electric and equipped with tip-over protection. No extension cords are used to connect to permanent wiring. If propane heaters are used, they have approved venting. (Kerosene space heaters are not allowed.) |  |
|  |  | The home has two (2) unrestricted emergency exits in case of fire. Barred windows used for possible emergency exit are fitted with an operable quick release mechanism. |  |
|  | | |  |
| **Bedrooms** | | | **Comments / Notes / Corrections** |
|  |  | Bedrooms occupied by youth are safe; have adequate living space for each youth; windows that open and provide sufficient natural light and ventilation. |  |
|  |  | There is a bed for each youth with clean bed linens, blankets (as appropriate to the season) and pillow; and each youth’s sleeping area accommodates his/her personal decorating tastes and expressions. |  |
|  |  | Bedroom doors for youth in care do not have locks and there is an emergency access to any room that has a lock. |  |
|  |  | Youth of opposite gender do not occupy the same bedroom. |  |
|  |  | If a youth 18-years-old or older shares a bedroom with a younger youth, it has been prior approved by OYA. |  |
|  |  | OYA youth are not sharing a bedroom with members of the household |  |
|  |  | Youth with a history of inappropriate sexual behavior or adjudicated for a sexual offense are not sharing a bedroom with non-sex offenders. |  |
|  |  | The assignment of two youth with a history of inappropriate sexual behavior to one bedroom has been authorized by the Community Resources Manager, in consultation with OYA field services staff. |  |
|  |  | There is adequate storage space for each youth in or near the bedroom they occupy for personal belongings and a designated space for hanging clothes. |  |
|  |  | Bedrooms occupied by youth that are located in the basement or above the ground floor have a safe and direct emergency exit to the ground (example: emergency escape ladder). |  |
|  | | |  |
| **Health and Safety** | | | **Comments / Notes / Corrections** |
|  |  | Restricted access by youth to potentially dangerous animals. Only domestic animals are kept as pets, which have had their rabies vaccination and are current as required by law (see vaccination documents to verify). |  |
|  |  | Foster parent knows that within one working day they must notify OYA any time a deadly weapon, including but not limited to a firearm, is brought to the foster home. |  |
|  |  | Firearms are unloaded and stored in a locked gun safe or behind double locks that prohibit access and visibility to youth. |  |
|  |  | Ammunition is stored in a separate locked compartment. (Trigger locks and glass front display cabinets are not adequate). Deadly weapons are also stored behind double locks that prohibit access to youth. |  |
|  |  | Drivers of any vehicle transporting a youth may not carry a firearm, with the exception of law enforcement personnel. |  |
|  |  | Drivers transporting youth possess a current and valid driver’s license, and have at a minimum, liability insurance coverage. |  |
|  |  | Stairways are equipped with handrails. |  |
|  |  | All alcohol is stored and locked in a manner sufficient to prevent access by youth. |  |
|  |  | All marijuana and marijuana paraphernalia are stored and locked in a manner sufficient to prevent access by youth. Youth in the foster home may not be subjected to second-hand smoke to any of the forestated products. |  |
|  |  | All tobacco products are stored and locked in a manner sufficient to prevent access by youth. |  |
|  | The following items must be locked in storage sufficient to prevent access by youth: | | |
|  |  | All medications |  |
|  |  | Hazardous chemicals, toxic cleaning materials, solvents, and combustibles |  |
|  |  | Outdoor tools, equipment, and machinery are kept in locked storage sufficient to prevent unauthorized access by youth. |  |
|  |  | Cut down tool easily accessed by foster parent and not visible to youth |  |
|  |  | First aid supplies are stored in an easily accessible place. |  |
|  |  | A written home evacuation plan is available to all youth and an evacuation diagram is posted in a clearly visible and conspicuous location. The foster parent verifies the evacuation plan is practiced with each youth at the time of placement and at least once a year to ensure all youth understand the procedure. |  |
|  |  | The home is well-heated and well-ventilated. |  |
|  |  | The home has a continuous supply of safe, clean drinking water and all plumbing is in working order. Private water sources and septic tanks have been tested and deemed safe and functioning properly. |  |
|  |  | The home has at least one flush toilet, one washbasin with running water, and one bath or shower with hot and cold water. |  |
|  |  | Hot water heaters are equipped with a safety release valve and an overflow pipe that directs water to the floor or another approved location. There is an adequate supply of hot water for bathing and dishwashing. |  |
|  |  | Swimming pools and hot tubs are maintained in a safe and clean condition. The foster parent verifies they comply with local safety regulations and ordinances, and that any safety hazard identified by anyone will be immediately remedied. |  |
|  |  | Pending weekly removal, garbage/refuse is stored appropriately, with no accumulation of garbage, debris, or rubbish that emits offensive odors. |  |
|  |  | The interior and exterior premises of the home is clean and free of hazards to the health and physical wellbeing of the family. |  |
|  |  | Foster Parent received current copy of OAR 530’s. |  |

I have visually verified the items above, and to the best of my knowledge each item checked is in compliance with Oregon Administrative Rule Division 530. I have reviewed and discussed each item with the foster parent and will schedule a follow-up safety check, if needed, to ensure all requirements above are met before finalizing this step of the approval process.

Comments, conditions, or follow-up

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| **X** | |  |  |  |
| Signature – OYA Certifier |  |  | Date |  |

I acknowledge that the OYA Certifier reviewed and discussed each item on the above safety requirement list with me. I understand that my home must meet all of the safety requirements before this step of the approval process is complete. I confirm that I have read the Oregon Administrative Rules pertaining to the certification of Oregon Youth Authority’s foster homes. I understand that I must abide by these Rules and maintain compliance throughout my certification period.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **X** |  |  |  | **X** |  |  |
| Signature –  Applicant/Foster Parent |  | Date |  | Signature –  Applicant/Foster Parent |  | Date |