



State of Florida
Department of Children and Families

FOSTER HOME INSPECTION CHECKLIST

PURPOSE

- ☐ INITIAL
☐ FOLLOW-UP
☐ RE-LICENSING

RESULTS

- ☐ SATISFACTORY
☐ UNSATISFACTORY

CORRECT VIOLATIONS BY FOLLOW-UP ON:

_____ (date)
_____ (time)

Name of Foster Parent(s): _____
(Last Name) (First Name)

Location Address: _____

City: _____ State: FL Zip Code: _____

E-Mail: _____ Home Phone: _____ Work Phone: _____

| BEGIN TIME | END TIME | DATE |
|------------|----------|------|
| | | |

Licensed Capacity
for Foster Home: _____

Current Capacity
for All Children
in the Home: _____

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>WATER SUPPLY & WASTE WATER C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Private well – routine testing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Private well – results absent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Hot water at a max. of 120°F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Hot water at 100°F min.</p> <p>FOOD HOLDING TEMPERATURE C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Food storage equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Cold food at 41°F or lower <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Hot food at 140°F or higher <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Thermometer accurate and provided in refrigerator</p> | <p>PLUMBING C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Bath clean and working <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Toilet clean and working</p> <p>VECTOR CONTROL C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Effective control measures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Creation of conditions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Rodent/Rat proof <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Inside opening screened</p> <p>SEWAGE C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Onsite septic system operational per 64E-6</p> | <p>GARBAGE & RUBBISH DISPOSAL C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Collection frequency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Garbage placed in receptacle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. All garbage cans have covered lids <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Garbage areas clean</p> <p>FIRE SAFETY/OTHER C NC NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Smoke detectors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Burglar bars <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. Fire extinguisher <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23. Radon test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Safety net for trampoline</p> |
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Marking Key: **C** = the act or item was observed to meet standards; **NC** = the act or item was observed not to meet standards; **NO** = the act or item was not observed to be occurring at the time of inspection; **NA** = the act or item is not performed by the facility or not part of the operation

Comments:

Licensing Counselor: _____ Foster Parent Signature: _____

Licensing Supervisor: _____ Date: _____

DCF Check Sheet for Licensed Foster Homes

Water Supply & Waste Water

1. Private well-routine testing: Licensed out-of-home caregivers not served by a municipal water supply shall test the water and submit bacteriological water test results to the local county health department. Routine Testing shall occur (I) Before license approval; (II) At least every 12 months; (III) Upon relocation; (IV) Before having the well placed in service after construction, repair, or modification; or (V) After an emergency situation, such as a flood, that may introduce contaminants to the system.
2. Private well-results absent: Test results must be negative for bacteriological contamination. Positive test results require the facility to use potable water from a source approved by law for the purpose of drinking, cooking, and oral contact, until test results are negative. In addition, wells that test positive shall be disinfected, flushed, and tested for bacterial contamination.
3. Hot water at a max. of 120 °F: The water temperature shall not exceed 120 °F to avoid scalding.
4. Hot water at 100°F min.: Adequate hot water shall be provided at a minimum of 100 °F.

FOOD HOLDING TEMPERATURE

5. Food storage equipment: Food storage equipment shall be provided.
6. Cold food at 41°F or lower: Cold potentially hazardous foods shall be kept at a temperature of 41 °F or lower.
7. Hot food at 140°F or higher: Hot potentially hazardous foods shall be kept at a temperature of 140°F or higher.
8. Thermometer accurate & provided in refrigerator: Refrigeration units used for the storage of potentially hazardous foods shall be provided with a numerically scaled indicating thermometer accurate to plus or minus 3 °F. The thermometer shall be located in the warmest or coldest part of the units as may be applicable and of such type and so situated that the temperature can be easily and readily observed by the licensed caregiver and any inspector.

PLUMBING

9. Bath clean & working: Bath facilities shall be clean and in good working order.
10. Toilet clean & working: Toilet facilities shall be clean and in good working order.

VECTOR CONTROL

11. Effective control measures: Effective control measures shall be utilized to minimize the presence of rodents, flies, cockroaches, and other vectors and vermin on the premises.
12. Creation of conditions: The creation, maintenance, or causing of any condition capable of causing vectors and vermin will not be permitted.
13. Rodent/Rat Proof: The home shall be effectively maintained rodent-proof and rodent free.
14. Inside openings screened: All inside openings shall be effectively sealed or screened with 16 mesh screening or equivalent, to prevent entry of insects, rodents, or other vectors and vermin.

SEWAGE

15. Onsite septic system operational per 64E-6: Any home not on a municipal sewage system and having an onsite sewage treatment and disposal system or septic tank, shall meet applicable standards in Chapter 64E-6, Florida Administrative Code.

GARBAGE & RUBBISH DISPOSAL

16. Collection frequency: All garbage, trash, and rubbish from the kitchen area shall be collected daily. Garbage or trash containing diapers or any odor-causing agent shall also be collected daily and placed in garbage receptacles. Garbage or trash consisting only of paper items must be collected weekly. Garbage shall be removed from garbage receptacles frequently enough to prevent a sanitary nuisance, as defined in Chapter 386, F.S.
17. Garbage placed in receptacle: All garbage, trash, and rubbish from the kitchen area, paper items, and diapers or odor-causing agents shall be placed in garbage receptacles.
18. Wet garbage in fly tight container: Wet garbage shall be collected and stored in impermeable, leak proof, fly tight containers pending disposal.
19. Garbage areas clean: All containers, storage areas and, surrounding premises shall be kept clean and free of vectors and vermin. And, all garbage and trash shall be covered and removed regularly.

FIRE SAFETY/OTHER

20. Smoke Detectors: A description of how the home complies with safety requirements, including smoke detectors.
21. Burglar Bars: If the home is equipped with burglar bars, the caregiver shall demonstrate that the burglar bars can be released to allow exit. A key placed near a window does not qualify as an approved emergency release method. Age appropriate training on opening of the burglar bars shall be provided to each child upon placement.
22. Operating fire extinguishers: Each floor in the home shall have a fully charged, unexpired 2A10BC fire extinguisher.
23. Radon Test: Direct the licensed out-of-home caregivers to obtain a radon test pursuant to Section 404.056, F.S., if applicable.
24. Trampoline: A description of how the home complies with safety requirements, including a safety net for trampolines.