m/d/year

|  |  |  |
| --- | --- | --- |
| **First Insp. Date:** | **COMPLETED BY:** | **FP Family Name:** |
| **Final Insp. Date:** | **COMPLETED BY:** | **Address:** |
| **Notes:** |  |
| **Phone:** |
| **Email:** |

  **Qty# First Inspection Final Inspection**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Application**
 |  |  |  |
| 1. House Style
 |  |  |  |
| 1. **Police Check**
 |  |  |  |
| 1. **Cas Check**
 |  |  |  |
| 1. **Medicals**
 |  |  |  |
| 1. **Confidentiality Agreement**
 |  |  |  |
| 1. **Electronic Agreement**
 |  |  |  |
| 1. **House Insurance**
 |  |  |  |
| 1. **Driver’s License/Insurance/Abstract**
 |  |  |  |
| 1. **References**
 |  |  |  |
| 1. **NVCI/ CPRI/ SAFE**
 |  |  |  |
| 1. **First Aide CPR Level C**
 |  |  |  |
| 1. **Child Abuse Policy**
 |  |  |  |
| 1. **CPIN Letter**
 |  |  |  |
| 1. **Policy & Procedure Sign Off**
 |  |  |  |
| 1. **Declaration**
 |  |  |  |
| 1. **Foster Parent Info**
 |  |  |  |
| 1. **Poster Parent Agreement**
 |  |  |  |
| 1. Fenced Yard yes/ No/ Partial
 |  |  |  |
| 1. **Swimming Pool.**  Yes/No
 |  |  |  |
| 1. Fridge **Thermometer** 4’C or 40’F
 |  |  |  |
| 1. First Aid Kit
 |  |  |  |
| 1. **Fire Extinguishers** on each level
 |  |  |  |
| 1. **Smoke alarm** on each floor and **every bedroom**
 |  |  |  |
| 1. Smoke Alarm Batteries & Furnace Filters changed quarterly
 |  |  |  |
| 1. **Carbon Monoxide** Detector
 |  |  |  |
| 1. **Fire Plan** Posted-Floor Plan
 |  |  |  |
| 1. Child Files locked
 |  |  |  |
| 1. All Exits Clear
 |  |  |  |
| 1. Dryer Vents Clear of Debris
 |  |  |  |
| 1. Fire Hazards Noted
 |  |  |  |
| 1. Overall Cleanliness
 |  |  |  |
| 1. Sleep Arrangements Adequate
 |  |  |  |
| 1. Windows work/ Not Broken
 |  |  |  |
| 1. All **Medication** Double Locked
 |  |  |  |
| 1. All **Sharp Objects** out of reach
 |  |  |  |
| 1. House Hold **Chemicals** Locked Up
 |  |  |  |
| 1. **Water** City or Cistern
 |  |  |  |
| 1. **Animal Vaccinations** up todate
 |  |  |  |
| 1. **Common Question and Answers**
 |  |  |  |
| 1. **E- Trainings**
 |  |  |  |
| **Notes:** |