



HOME HEALTH INSPECTION

Foster Family Care License

Return this form when complete to: _____ District Office: _____

Address: _____

IDENTIFYING INFORMATION (Name of Foster Family Care Licensing Applicant)

Name: _____ Phone Number: _____

Street: _____

City: _____ State: _____ Zip Code: _____

REQUIREMENTS

	YES	NO
1. Is there hot and cold running water under pressure available for household use?	<input type="checkbox"/>	<input type="checkbox"/>
1a. If there is not from a public supply, has it been tested within the last two years and are the lab results available?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a functioning sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the home free of evidence of insects and rodents?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there sanitary and safe facilities for the storage, preparation, and serving of food, including refrigeration and a means for sanitation of utensils?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all toxic materials; such as cleaners, medicines, household chemicals, and paints clearly labeled, stored in original containers separate from food and not accessible to young children?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the home and yard where young children are cared for safe from potential sources of injury? Safety precautions include but are not limited to: porch and stair railings; stove and heater guards; swimming pool fences; locks and covers on wells.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are pet dogs licensed and do they have current rabies vaccination certificates?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the responses above are "NO", explain the plan to correct the problem

The home was ☐ Not Approved on: _____ Re-Inspection of the Home will be on: _____

This Home Meets the Requirements for a Foster Family Home on: _____

Signed: _____
Heath Officer Signature Signature of Foster Family Care Licensing Applicant

RE-INSPECTION

Problems were Corrected and the Home Meets the Foster Family Care Licensing Requirements on: _____

Signed: _____
Heath Officer Signature Signature of Foster Family Care Licensing Applicant

INSPECTED BY:

Name of Health Officer: _____
City/Town Phone Number:

White - DCYF File

Canary - Health Officer

Pink - Foster Family Care Licensing Applicant



Instructions to the “Home Health Inspection”

PURPOSE:

The “Home Health Inspection Report” is used to indicate that a home being considered for a Foster Family Care License complies with the life safety code for a single family or multi-unit residence prior to issuance of a license or permit.

INSTRUCTIONS:

Form 1721 is a one-page form (printed on 3-part paper) completed by the local home health inspector after an inspection of the home. The health inspector retains the second copy, gives the third copy to the foster family care license applicant and returns the original to the local District Office.

FORM COMPLETION:

Enter the current date, the name of the worker and the name and address of the District Office.

Enter the name, telephone number, and address of the Foster Family Care Licensing Applicant.

The health inspector checks each item with a Yes or No answer. Any questions answered by a “no” response must be explained in the section for comments below.

If the home meets or exceeds the requirements, the health inspector dates and signs the form and returns it to the District Office noted.

If the home does not meet the requirements, the health inspector notifies the applicant and recommends changes or improvements needed. The health officer can set up a return date to see if corrective action has been taken.

RETENTION:

Form 1721 is retained indefinitely in the Foster Family Care Licensing Applicant record.