



Agape Manor Home- Child Placing Agency

Final Pre-Verification Inspection Report

Prospective Foster Family: _____ Inspection Date: _____

Details of the visit: (Time of visit, foster parent and family members present, areas visited etc.)

Physical inspection during the visit

- Yes No N/A Medication box – double locked
- Yes No N/A Knives are locked away
- Yes No N/A Fire extinguisher 1st and 2nd floor
- Yes No N/A Firearms and other dangerous items are locked and inaccessible to children
- Yes No N/A Cleaning supplies and other chemicals are locked away, out of reach of children.
- Yes No N/A Child safety locks are required for all kitchen lower cabinets if small children will be place in the home.
- Yes No N/A No Trampoline on the premises
- Yes No N/A Swimming pool or any body of water meets all safety standards
- Yes No N/A Smoke detector install in each of the foster children's bedroom and the kitchen area
- Yes No N/A Emergency Escape plan posted first and second floors.
- Yes No N/A If a 2nd story home, escape ladder must be installed
- Yes No N/A The house and the surroundings are safe and free from hazardous objects
- Yes No N/A Bedrooms meets the standards and correct number of beds.
- Yes No N/A All beds are made as per the standard and ready for placement
- Yes No N/A There are no locks on any of the foster children bedroom doors
- Yes No N/A Bedrooms for opposite sex children meet standards
- Yes No N/A Land Phone line at home
- Yes No N/A Fax machine at home or has ability to send and receive fax.
- Yes No N/A No persons in the home other than declared and approved
- Yes No N/A No pets in home other than declared and approved

Other/comments: _____

Verification of the documents

- Yes No N/A Completed Application checklist including approved home study
- Yes No N/A Completed all requirements for respite care giver, if any

Recommendations (Based on your observation and discussion with the foster parents. Please detail any deficiencies and how it affect the verification of the home)

Name and Signature of Foster Home Developer/Specialist/case manager

Date

Name and Signature of the Child Placement Management Staff

Date