

### FOSTER AND ADOPTIVE FAMILY HOME HEALTH INSPECTION REPORT

Date \_\_\_/\_\_\_/\_\_\_ Return this form when complete to \_\_\_\_\_ District Office

Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_

Town or City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HEALTH REQUIREMENTS	YES	NO
1. Is there hot and cold running water under pressure available for household use?  If water 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"/>

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected by: \_\_\_\_\_ for \_\_\_\_\_, NH \_\_\_\_\_  
Signature of Health Officer Town/City Telephone

Date of Inspection: \_\_\_\_\_ Approved  Not Approved

Signature of Foster Parent \_\_\_\_\_

White - DCYF File

Canary - Health Officer

Pink - Foster/Adoptive Parent

Instructions to the “Foster and Adoptive Family Home Health Inspection Report”

**PURPOSE:**

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

**INSTRUCTIONS:**

Form 2360 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/adoptive parents, and returns the original to the local District Office.

**FORM COMPLETION:**

Enter the current date and the name and address of the District Office.  
Enter the name, telephone number, and address of the foster/adoptive family.

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.

**RETENTION:**

Form 2360 is retained indefinitely in the foster/adoptive parent’s record.