

SILP INSPECTION: CHECKLIST OF FACILITY HEALTH AND SAFETY STANDARDS

SILP ADDRESS:	CITY	STATE	ZIP CODE
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SECTION A: SILP PLACEMENT TYPE

- University/College Approved Housing – EXEMPTED FROM THE CHECKLIST. If checked, SKIP to Section D.
- Shared Roommate Setting, Single Resident Occupancy (SRO), Apartment, Room and Board, Room Rental. CONTINUE to Section B.
- SILP on or near a reservation, approved by the tribal placing agency. Areas that can be exempted to tribal housing, circle Tribal waiver in the waiver column.

SECTION B: SAFETY CHECKLIST

Each item below must be marked either “YES” or “NO”. Waivers are allowed only for the areas indicated below. If minor repairs are needed and do not pose a safety risk to the young adult, the item can be marked “YES” as passed and the worker should place an “X” in the last column, and list the maintenance issue in Section C below.

	YES	NO	WAIVER	MAINTENANCE NOTED
1. Bedroom/Sleeping area: Bedroom/sleeping area used by the young adult has at least one exit that ensures safe, direct, emergency exit to the outside. If security bars are installed on windows, the window is considered operable only if equipped with safety release devices.				
2. Home has indoor sprinkling system and/or functioning smoke detector installed in the hallway(s) of the young adult’s sleeping area audible in each room or sleeping room used by the young adult.			Tribal waiver only	
3. Bathroom: Young adult has access to a bathroom that contains 1 toilet, 1 sink, and 1 tub or shower maintained in safe, operating condition free from health hazards.			Tribal waiver only	
4. Kitchen: <u>If applicable</u> , the young adult has an area to prepare meals, appliances are safe, operational, with adequate storage for food and is free from health hazards. Note: SRO’s may not have standard kitchens.			Tribal waiver or SRO	
5. Indoor and outdoor halls, stairs, ramps and porches are free from obstructions and no structural damage that poses a safety hazard is observed.				
6. Home has adequate and functioning ventilation including heating systems.			Tribal waiver only	
7. Lighting and outlets are provided in rooms used by the young adult and no electrical hazards are present.			Tribal waiver only	
8. Waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.				
9. Living space appears to be safe and free from hazards.				
10. Sleeping room has not more than two adults and is not a kitchen or bathroom. Waiver may be granted for more than two adults if there is a clear and direct path for each adult to exit the room in case of emergency and if there is adequate storage for each adult’s clothing and personal items.				

SECTION C: PLAN FOR CORRECTIONS:

Suggested areas for maintenance or repair:	Plan for correction (e.g. young adult will contact the landlord to make needed repairs, etc.)

Items marked in Section B as “NO” indicate deficiencies that would have a direct and immediate risk to the health, safety or personal rights of the young adult. Correction MUST BE MADE prior to the placement of the young adult or the home may not be approved.

Examples of Immediate Impact Deficiencies:

- Infestation of insects or vermin;
- Exposed electrical hazards
- No functioning smoke alarms in unit
- Toilet not in working condition

Examples of issues that may need repair or maintenance and are not considered safety issues:

- Neglect of maintenance of the building and grounds
- Cracked window(s)
- Peeling wallpaper, or stained walls or flooring
- Inoperable sink or shower (when at least one other operable sink or shower is available)

SECTION D: INSPECTION SUMMARY

- The Supervised Independent Living Placement of _____ (young adult name) meets the standards for approval as described in this form.
- The Supervised Independent Living Placement of _____ (young adult name) meets the core safety and health standards for approval with the above recommended maintenance or repair issues noted.
- The Supervised Independent Living Placement of _____ (young adult name) does NOT currently meet the standards for approval.
- Young adult has indicated he/she will pursue needed corrections and has requested re-inspection of the unit in ____ days.

NAME OF COUNTY SW OR PROBATION OFFICER

NAME OF YOUNG ADULT

SIGNATURE OF COUNTY SW OR PROBATION OFFICER

DATE OF INSPECTION BY SW/PO

SIGNATURE OF YOUNG ADULT

DATE

Copies to: SW/PO case file
Young Adult
Foster Care EW file