

Youth Name: _____
Case #: _____

Supervised Independent Living Plan (SILP)
Checklist of Facility Health and Safety Standards

Section A: SILP Placement Type:

- University/College Approved Housing – EXEMPTED FROM THE CHECKLIST. If checked, SKIP to Section C.
- Shared Roommate Setting, Single Resident Occupancy, Apartment, Room and Board, Room Rental. CONTINUE to Section B.

Section B: Health and Safety Standards

The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. Indicate “P” if the space is used privately by the youth, “S” if the space is shared by others in the home.				
	YES	NO	Private or Shared	Needs Correction (explain below)
1. Bedroom/Sleeping area: Bedroom used by the youth has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if equipped with safety release devices.				
2. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of the youth’s sleeping area audible in each room or sleeping room used by the youth.				
3. Bathroom: Youth 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.				
4. Kitchen: If applicable, the youth has an area to prepare meals, appliances are safe, operational, with adequate storage for food and is free from health hazards.				
5. Indoor and outdoor halls, stairs, ramps and porches are free from obstructions.				
6. Home has adequate and functioning ventilation including heating systems.				
7. Lighting and outlets are provided in rooms used by the youth and no electrical hazards are present.				
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.				

Area for Correction and Correction Needed: (If deficiency cannot be corrected also note here)	Immediate or Potential Impact Deficiency (Indicate "I" or "P")	Date for Correction:

- Youth plans to request aforementioned deficiencies to be corrected by the landlord. County and youth will revisit this plan on _____ date (30-60 days recommended).

Deficiencies and Plans of Correction

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the youth with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences the youth placed in the SILP and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. Immediate Impact: Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster youth. If placement is imminent, correction **MUST BE MADE** prior to the placement of the youth.

Examples of Immediate Impact Deficiencies:

- Food contaminated with mold, fungus or bacteria
- Infestation of insects or vermin;
- Unsanitary conditions in food preparation areas that present immediate health hazard;
- Storing of food next to or with toxic substances.
- Toilet not in working condition

2. Potential Impact: Deficiencies that without correction could become a risk to the health, safety or personal rights of the youth. Youth and county staff should agree to a date by which such deficiencies should be corrected.

Examples of Potential Impact Deficiencies:

- Bedroom is shared and bedroom space of the co-habitant is cluttered and inhibits use or movement by the youth in their portion of the bedroom
- Kitchen area excessively unkempt (e.g. piles of unwashed dishes, overflowing trash)
- Neglect of maintenance of the building and grounds
- Furniture, fixtures, equipment and supplies that are clearly damaged to the extent they are not functional
- Inoperable sink or shower

Section C: Certification

- I certify that the Supervised Independent Living Placement of _____ (youth name) meets the standards for approval as described in this form.
- I certify the Supervised Independent Living Placement of _____ (youth name) as meeting the core safety and health standards for approval; however deficiencies as described in the on-site inspection, which do not present imminent hazards, are under a Plan of Correction which must be completed within 30 days of this date _____.
- I certify that the Supervised Independent Living Placement of _____ (youth name) does NOT meet the standards for approval and cannot be corrected to ensure the youth's health and safety.

Signature of County CWS or Probation Worker

Date

Signature of Youth

Date