



Tennessee Department of Children's Services

# Supervised Independent Living (SIL) Annual Checklist of Placement Health and Safety Standards

Date: \_\_\_\_\_

SIL Setting/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

## Section A: SIL 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.

## Deficiencies and Plans of Correction

When a violation of health and safety standards is observed, the IL Specialist 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 for the youth placed in the SIL and the immediacy of the need to correct.

- 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 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-Immediate or Potential	Private or Shared	Needs Correction (Action Plan) and date of correction
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 sprinkler system or functioning smoke detector installed in the hallway(s) of the youth's sleeping area that are 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 are 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.				

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10. Living space appears to be safe and free from hazards. Maintenance of Material Safety Data Sheets (MSDS) related to any stored caustics, toxics or flammables onsite.				
11. Fire extinguishers and a method to do regular status inspections (anyone can be trained to check the charge status).				

### Section C: Certification

I certify that the Supervised Independent Living Placement of \_\_\_\_\_ **meets** the standards for approval as described in this form.

I certify that the Supervised Independent Living Placement of \_\_\_\_\_ meets 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 \_\_\_\_\_ **does NOT** meet the standards for approval and cannot be corrected to ensure the youth's health and safety.

\_\_\_\_\_  
Signature of IL Specialist or Coordinator

\_\_\_\_\_  
Date