**Homestay Checklist**

Vendor/Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Georgia Tech Program Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to entering into an agreement for homestay accommodations on Georgia Institute of Technology study abroad programming, prospective vendors must inspect every unit used to accommodate study abroad students and return the completed checklist to **intlops@gatech.edu**.

Any time the ‘No’ column is marked, please comment regarding a plan to remedy the issue, or the reason that this Georgia Institute of Technology standard cannot be met by any homestay unit(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Fire Safety | Yes | No | Comments |
| 1. Is there a smoke detector installed in each bedroom used by students?
 |  |  |  |
| 1. Is the smoke detector(s) checked for operability and batteries changed at least annually (if not hardwired)?
 |  |  |  |
| 1. Is a carbon monoxide detector(s) installed in each unit?
 |  |  |  |
| 1. Is the carbon monoxide detector(s) checked for operability and batteries changed at least annually (if not hard wired)?
 |  |  |  |
| 1. Is a fire extinguisher provided and located in the kitchen (if applicable)?
 |  |  |  |
| 1. Is the fire extinguisher checked at least annually, noted on an inspection tag, and recharged/replaced if necessary following discharge?
 |  |  |  |
| 1. Is the fire extinguisher readily accessible to the student(s)?
 |  |  |  |
| 1. Does the accommodation properly store any flammable materials (i.e. gasoline, paint, lighter fluid) present in the building?
 |  |  |  |
| 1. Are means of evacuation (hallways and stairways) well-maintained and free of debris, improper storage or tripping hazards?
 |  |  |  |
| 1. Within plain view in the unit, do visible cords and wires appear to be in good condition (no frayed or exposed wires, or exposed insulation)?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| General Environment | Yes | No | Comments |
| 1. Are there sufficient ways out of the unit to permit prompt escape in case of an emergency?
 |  |  |  |
| 1. Are all areas of the building properly lit?
 |  |  |  |
| 1. According to local standards, is the unit insulated so noise levels are minimized and students can properly sleep and study?
 |  |  |  |
| 1. Are all steps, stairways and handrails of the property maintained?
 |  |  |  |
| 1. Are all rooms and the kitchen (if applicable) clean and orderly so that insects and rodents are not attracted?
 |  |  |  |
| 1. Does the main entrance to the home have a dead bolt lock?
 |  |  |  |
| 1. Do students have private bedrooms?
 |  |  |  |
| 1. Do student bedroom door(s) have a working lock to help prevent unauthorized entry?
 |  |  |  |
| 1. Do students have private bathrooms?
 |  |  |  |
| 1. Do students have access to a dedicated study space?
 |  |  |  |
| 1. Are there laundry facilities on site?
 |  |  |  |
| 1. Do ground level windows to the unit have a lock or other security system to help prevent unauthorized entry?
 |  |  | *If the unit has no ground level windows, please mark N/A.* |
| 1. Does the unit have telephone access for emergencies?
 |  |  |  |
| 1. Is the unit close to public transportation (10-minute walk)?
 |  |  |  |
| 1. By local standards, are the streets surrounding the unit well-lit at night?
 |  |  |  |
| 1. Is the unit located in a low crime area of the city?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Host Family Vetting** | **Yes** | **No** | **Comments** |
| 1. Has a reference check been completed on each homestay family (if applicable) and anyone else living in the home?
 |  |  |  |
| 1. Do any host families have frequent visitors?
 |  |  | *Please provide a comment for a response of “Yes.”* |
| 1. Do any host families have pets?
 |  |  | *Please provide a comment for a response of “Yes.”* |
| 1. Are the host families willing and able to accommodate a student’s individual health needs or medically necessary diet (including allergies)?
 |  |  |  |
| 1. Are past student and faculty/staff evaluations of the homestays positive?
 |  |  | *Please indicate if this is a new homestay.* |

|  |
| --- |
| **Additional comments related to the host families, local housing standards, or building conditions.** |
|  |

Any unsafe condition or practice (i.e. a box requiring comments above) should be recorded on this form with an appropriate rationale. Timely follow-up inspections should be made to reasonably address that appropriate corrective actions have been taken with respects to identified problems.

I acknowledge that the above is an accurate representation of the homestay accommodations.

Vendor/Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor/Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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