

Name(s): _____

 Address: _____

 City: _____
 State: _____ County: _____
 Zip: _____ Phone: _____

Was this an INITIAL home visit? Yes _____ No _____

Others living in home:

Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____

- Number of:
 Dogs: _____ Cats: _____ Other pets: _____
- Number of children:
 Under 2 yo: _____ 2 – 6 yo: _____ 6 – 12 yo: _____
- Total square footage of usable indoor space: _____
- Is food preparation area clean? YES _____ NO _____
- Are furnace and hot water space free of combustible materials? YES _____ NO _____
- Are poisonous, caustic or other hazardous materials stored properly? YES _____ NO _____
- Are all aerosol cans properly stored and locked? (Possible types of aerosol to look for include those used around cooking, cleaning, polishing, painting, deodorizing, personal hygiene, computers, crafts, sewing, automotive care, pets, insects, lawn and garden care, etc.) YES _____ NO _____
- Are medications and vitamins properly stored and locked? YES _____ NO _____
- Are knives stored properly and locked? YES _____ NO _____
- Are potential burn hazards (i.e. fireplace, wood burning stove, etc.) screened properly? YES _____ NO _____ N/A _____
- Do all electrical outlets have safety caps? YES _____ NO _____
- Have all areas accessible to young children been "baby-proofed"? YES _____ NO _____ Not present _____
- Are blind cords secured out of reach of young children? YES _____ NO _____ Not present _____
- Does the home provide adequate heat, light, plumbing and ventilation? YES _____ NO _____
- If basement is used, are there two exits? YES _____ NO _____ N/A _____

- Are all exits accessible? YES _____ NO _____
- Are steps with four or more risers equipped with handrails or baby gate if necessary? YES _____ NO _____ N/A _____
- Is the outdoor play space fenced? (Attach safety plan if no.) YES _____ NO _____
- Are all wooden decks and/or concrete porches in good repair, complete with appropriate safety rails? YES _____ NO _____
- Are all rooms kept in neat and clean condition? YES _____ NO _____
- Are large furniture items, such as heavy bookcases and big screen TVs, anchored to a wall? YES _____ NO _____
- Are there individual cups and towels? YES _____ NO _____
- Is there a refrigerator? YES _____ NO _____
- Is there a telephone? YES _____ NO _____
- Are there emergency numbers posted by the phone? YES _____ NO _____
- Are there plans for emergency evacuation, and are they posted? YES _____ NO _____
- Are all exits clear of obstacles? YES _____ NO _____
- Is there at least one U.L. approved 5-pound fire extinguisher readily accessible and in working condition? YES _____ NO _____
- Is there a working smoke detector on all levels and by sleeping areas? YES _____ NO _____
- Is there a working carbon monoxide detector centrally located outside of each separate sleeping and in the immediate vicinity of the bedrooms? YES _____ NO _____
- Is each carbon monoxide detector located on the wall, ceiling or other location as specified in the installation instructions that accompany the unit? YES _____ NO _____
- Is there first aid equipment? YES _____ NO _____
- Is trash (both inside and outside) properly stored? YES _____ NO _____
- Is water from an approved source? YES _____ NO _____
- If water is from a well, has it been tested? (Well water must be tested every year.) Include required annual test results in family file. YES _____ NO _____
- Is the home free of any evidence of vermin or rodent infestation? YES _____ NO _____
- Are weapons and ammunition locked separately and properly? YES _____ NO _____ N/A _____
- Has exposed or badly worn wiring been replaced? YES _____ NO _____ N/A _____
- Is mobile home skirted and stabilized with two exits? YES _____ NO _____ N/A _____

- Is there a minimum of forty square feet of floor space for each child's bed?
YES____ NO____
- Measurements of bedrooms:

- Does each child have his own clean, comfortable bed?
YES____ NO____
- Does each child have his own storage for clothing and personal items?
YES____ NO____
- Are candles present in bedroom areas?
YES____ NO____
- Is your property free of any boarders or hazardous business practices?
YES____ NO____
- Sleeping arrangements:
Over 18 months, not with adult
YES____ NO____
Under 5 yrs on same floor as adult
YES____ NO____
- Is exercise equipment (i.e. treadmills, weight sets, etc.) kept in a locked location or deemed inoperable?
YES____ NO____ N/A____
- If there is a trampoline, are there rules for usage and supervision?
YES____ NO____ N/A____
- If there is a swimming pool is it fenced and locked? If applicable are there rules for usage and supervision?
YES____ NO____ N/A____
- If there is a hot tub, is it covered and locked when not in use? If applicable are there rules for usage and supervision?
YES____ NO____ N/A____
- Are there any conditions in the home that must be corrected before a license can be issued?
YES____ NO____
- If yes, complete the following **Notice of Noncompliance**.
- Signature of Person Completing Inspection:

- I received a copy of this report:

(Signature of Foster Parent)
Date:_____

NOTICE OF NONCOMPLIANCE:

- Items which require correction:

- Deadline for corrections (must be at least one week prior to recertification of the home):
Date: _____
- Signature of Person Completing the Follow-up Inspection:

- Date Home Reached Compliance:
Date: _____

*****For Foster Parent to Complete*****
- Have there been any changes that would affect the status of your foster care license this past fiscal year?
YES____ NO____
- Do you wish to continue as licensed foster parent(s) for the next fiscal year?
YES____ NO____
- Is there anything Kids Crossing can do for you in the next year that would help you provide better foster care?
YES____ NO____
- If yes, please explain: _____

- By signing below, I am informing Kids Crossing of my intention to continue to be a licensed foster home.
Signature: _____
Date: _____