

FOSTER HOME:		MONTH/YEAR:	
1. According to KC database, are all licensing requirements current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No", explain:			
2. Do you have any construction planned or in progress?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you recently purchased or are you planning to purchase recreational equipment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have any new vehicles that will be transporting foster children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you lost a pet or acquired new pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you planning a vacation, trip or move within the next 90 days?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you recently purchased or are you planning to purchase firearms or weapons?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are your firearms and weapons locked and stored separately from ammunition?		<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you keep your hazardous materials (i.e. cleaning supplies, bleach, inhalants) locked?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are your medications/vitamins locked and/or stored properly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information about other people living in your home (other than foster children):			
1. Has anyone moved in or out of the home, or is anyone planning on moving in or moving out?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is anyone living in the home about to turn 18 years old?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has anyone in the household been arrested?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is anyone different transporting foster children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*Background checks must be completed on everyone in the home, who is at least 18 years old.</i>			
Information about foster children since your last checklist was completed:			
1. Have you had any children exit your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", who?			
2. Have you had any children enter your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", who?			
Was a new child orientation completed? Date completed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have there been any incidents (allegations, investigations, etc.) in your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do any of the children in the home have an active safety plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please give details:			
5. Are you documenting changes in medications, new medications, discontinuation, and dosage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you denied allowance for any of the children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", why?			
7. Are you aware that physical restraint is not an approved form of discipline?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you aware of Kids Crossing's supervision policy, which includes the expectation that foster children are supervised at all times unless otherwise approved AND documented ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the time of the visit, the home was assessed to be safe?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No", why not?			
SUMMARY OF CONVERSATION WITH FOSTER PARENT(S):			
TRAINING TOPIC COVERED:			CREDIT:
Fire/Tornado Drill: Date: _____ Start Time: _____ am/pm End Time: _____ am/pm			
Children present:			
Was this checklist completed at home visit? _____ Per phone call? _____ Sent in by FP? _____			
Signature of Foster Parent:			Date:
Signature of Home Supervisor:			Date:
Supervisor Signature:			Date: