

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Was this ANNUAL home visit unannounced? Yes \_\_\_\_\_ No \_\_\_\_\_

Others living in home:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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 all medications kept in a clean storage area inaccessible to foster children and stored according to pharmacy instructions? 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? YES \_\_\_\_\_ NO \_\_\_\_\_
- Is there a working smoke detector by all sleeping areas? YES \_\_\_\_\_ NO \_\_\_\_\_
- Is there a working carbon monoxide detector on all levels? YES \_\_\_\_\_ NO \_\_\_\_\_
- Is there a working carbon monoxide detector by all sleeping areas? YES \_\_\_\_\_ NO \_\_\_\_\_
- Is every carbon monoxide detector located on the wall, ceiling, or other location as specified in the installation instructions that accompanied the unit? YES \_\_\_\_\_ NO \_\_\_\_\_ Not Present \_\_\_\_\_
- 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:
  1. Has it been tested? (Well water must be tested every year.) YES \_\_\_\_\_ NO \_\_\_\_\_
  2. Have the results of the required annual test been provided to agency staff for the 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/her own clean, comfortable bed? YES\_\_\_\_ NO\_\_\_\_
- Does each child have his/her own storage for clothing and personal items? YES\_\_\_\_ NO\_\_\_\_
- Sleeping arrangements:
  1. Are children over the age of 18 months sleeping in a room separate from an adult? YES\_\_\_\_ NO\_\_\_\_
  2. If a child under the age of 5 years is sleeping on a floor away from an adult, describe the monitoring system being used:  
\_\_\_\_\_  
\_\_\_\_\_
- Are cribs utilized in this foster home? YES\_\_\_\_ NO\_\_\_\_
- If cribs are utilized:
  1. Are they in compliance with new standards effective 12/28/12? YES\_\_\_\_ NO\_\_\_\_
  2. Has a certificate of compliance been provided to agency staff for crib(s) manufactured prior to 6/28/11? YES\_\_\_\_ NO\_\_\_\_
- Are candles present in bedroom areas? YES\_\_\_\_ NO\_\_\_\_
- Is this property free of any boarders or hazardous business practices? 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\_\_\_\_
- Did the person completing the annual inspection notice any existing safety hazards at the time of the inspection? 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_

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