

Resource Home and Safety Checklist, CS-45

PURPOSE:

This form is to be used to determine that a potential placement home meets the required safety standards per 13 CSR 35-60.040, Licensing of Foster Family Homes; Physical Standards for Foster Homes. The form is to be used for the following:

- Licensing Workers will use this form in its entirety, completing all sections for all resource provider homes during the licensing process.
- Workers use this form as a safety checklist for potential placement providers completing only sections A, B, and D, at such time it is determined that the child(ren) cannot remain in their household until certain changes have been made and, therefore, a potential unlicensed kinship or relative provider has been identified for temporary placement.

In addition to evaluating whether or not the potential placement provider home meets required physical standards for licensed foster homes, the form serves to inform the potential placement provider of the expectations and to gain general information. A potential placement provider shall not be licensed until the home meets safety standards.

INSTRUCTIONS FOR COMPLETION:

Complete the following information regarding the household:

- Enter date of house tour
- Enter DVN if applicable
- Check whether the tour is for licensure or safety walk-through.
- Enter name of potential resource home.
- Enter telephone contact number
- Enter street address including city, state, and zip code
- List all household members.
- Indicate relationship of household members to the potential placement provider. Use additional paper or the back of the form if necessary.
- Complete the Sections as directed.
- Obtain signature of potential provider(s) indicating the information is correct
- The worker who toured the household signs the form indicating that the information is accurate.
- The worker's supervisor signs the form following supervision discussion with the worker regarding the information collected on the form.

The form is divided into Sections A through F. The worker completes the form utilizing an interview dialogue with the potential placement provider. The following guidelines are to be followed to complete the form:

Section A- Personal Information

If any answer in section A is “yes” the child(ren) shall not be placed in the home until further research is completed and it is determined that the placement does not compromise the safety of the child(ren).

Section B- Care and Supervision of Youth

All answers in section B must be answered “yes” in order to place a child in the home.

Section C- Physical and Safety Requirements

Section C is only completed for the purpose of licensure. All answers must be answered “yes” in order to license the home. (Refer to Relative non-safety licensing standard waivers).

Section D- Health Care Policies

All answers in Section D must be answered “yes” in order to place a child in the home.

Section E- Policies Relating to Illness/Emergencies

Section E is only completed for the purpose of licensure. All answers must be answered “yes” in order to license the home.

Section F- Comments

Section F may be used for commenting regarding any concerns and any resolutions to previous undesired responses.

If the desired answer of “yes” or “no” is not obtained, the child(ren) shall not be placed in the provider home, nor the home licensed.

NUMBER OF COPIES AND DISTRIBUTION:

- Copies of this checklist should be maintained in the forms section of the resource provider’s file.
- A copy should be provided to the placement provider family.

MEMORANDA HISTORY:
CS00-33, CD07-36, CD10-119