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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**RESOURCE HOME AND SAFETY CHECKLIST** |
| Date       | DVN       | Telephone Number        |
| Initial Licensure [ ]  | License Renewal [ ]  | Safety Walk Through [ ]  |
| Name of Applicant/Potential Resource Provider Individual #1      | Fingerprint results received[ ]  yes[ ]  noDate:       | Fingerprint results clear[ ]  yes[ ]  no | Name of Applicant/Potential Resource Provider Individual #2      | Fingerprint results received[ ]  yes[ ]  noDate:       | Fingerprint results clear[ ]  yes[ ]  no  |
| Street      | City      | State    | Zip Code      |
| Email:       | Email:       |
| Others In The Home  |
| Name | Relationship to Applicant/Potential Resource Provider | Date of Birth | SSN | Fingerprint results received  | Fingerprint results clear |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
|       |       |       |       | [ ]  yes[ ]  no | [ ]  yes[ ]  no |
| A. Potential Placement Family Personal Information |
| **Have you or any household member ever:** | **Yes** | **N/A** | **Date occurred** |
| 1. Been convicted of a felony?If so, city and state:       | [ ]  | [ ]  |       |
| 2. Been convicted of a crime against person, a sexual offense, or crimes affecting family relationship and/or children?If so, city and state:       | [ ]  | [ ]  |       |
| 3. Committed an act of child abuse or neglect, as confirmed by Children’s Division?If so, city and state:       | [ ]  | [ ]  |       |
| 4. Have a serious illness that is still contagious?If so, type of illness:       | [ ]  | [ ]  |       |
| 5. Been treated or diagnosed for chemical dependency and/or alcoholism? | [ ]  | [ ]  |       |
| 6. Received a DUI/DWI? | [ ]  | [ ]  |       |
| **If there was an answer of yes to any of the above, please attach a detailed explanation.** |
| B. Placement Forms for Resource Parents and Foster Children  |
| 1. Provided the Universal Placement Letter that contains a link to the Foster Parent Bill of Rights | [ ]  | [ ]  |       |
| 2. If no internet, provided a copy of The Foster Parent Bill of Rights and Responsibilities RSMo 210.566 | [ ]  | [ ]  |       |
| 3. Provided a copy of The Foster Care Bill of Rights, RSMo 210.564 | [ ]  | [ ]  |       |
| **C. Care and Supervision of Youth** |
| **Will you or do you:** | **Yes** | **No** | **Date answered** |
| 1. Cooperate with and follow the case plan established by the family support team for the child(ren) in your home? | [ ]  | [ ]  |       |
| 2. Assure regular school attendance and/or cooperate with the educational plan? | [ ]  | [ ]  |       |
| 3. Provide appropriate supervision, nurturing and care of children? | [ ]  | [ ]  |       |
| 4. Agree to report suspected child abuse to authorities. | [ ]  | [ ]  |       |
| 5. Agree to immediately notify the child’s legal custodian when a child is missing; and to file a missing child report with law enforcement and contact the National Center for Missing and Exploited Children by calling 1-800-843-5678 within two hours.  | [ ]  | [ ]  |       |
| 6. Agree to use consistent, appropriate discipline and consequences. The Resource Parent Discipline Agreement, CD-119 has been discussed and signed prior to emergency placement. | [ ]  | [ ]  |       |
| 7. Agree not to use the following forms of punishment: | [ ]  | [ ]  |       |
| A. Corporal punishment (children in CD custody) | [ ]  | [ ]  |       |
| B. Tying or binding | [ ]  | [ ]  |       |
| C. Confining in locked or dark area | [ ]  | [ ]  |       |
| D. Withholding food, rest, toilet use, or visits with family | [ ]  | [ ]  |       |
| E. Refusing access to the home | [ ]  | [ ]  |       |
| F. Mental or emotional cruelty | [ ]  | [ ]  |       |
| 8. Work cooperatively with CD juvenile court officials and others as necessary to develop and fulfill plans for the youth in your home? | [ ]  | [ ]  |       |
| **D. Resource Home** |
| **Physical and safety requirements:** **Only complete this section for licensure of resource home** | **Yes** | **N/A** | **Date Toured** |
| 1. Home appears clean and in good repair?Explanation:       | [ ]  | [ ]  |       |
| 2. Porches, rails and steps appear safe?Explanation:       | [ ]  | [ ]  |       |
| 3. Mobile homes have two exits located in different parts of the home?Explanation:       | [ ]  | [ ]  |       |
| 4. If a basement is used for sleeping, it must have a second exit to the outside. It should not pass a heating appliance.Explanation:       | [ ]  | [ ]  |       |
| 5. Working smoke detectors with batteries installed are placed in locations where sleeping areas can be alerted?Explanation:       | [ ]  | [ ]  |       |
| 6. Five (5) pound capacity fire extinguisher is located in the kitchen area?Explanation:       | [ ]  | [ ]  |       |
| 7. The home has gas heat or appliances? | [ ]  | [ ]  |       |
| If yes, does the home have a working carbon monoxide detector installed? | [ ]  | [ ]  |
| 8. Each foster child under the age of two (2) has a crib, bassinet, portable crib, or play yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC).Explanation:       | [ ]  | [ ]  |       |
| 9. Each child over the age of two (2) is provided with a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members.\*Explanation:       | [ ]  | [ ]  |       |
| 10. Separate rooms for children /youth age 6 or older, of opposite sex, will be provided.\*Explanation:       | [ ]  | [ ]  |       |
| 11. Separate rooms from adults will be provided for youth over 24 months.\*Explanation:       | [ ]  | [ ]  |       |
| 12. CD-117 (Safe Sleep Practices Recommended by the American Academy of Pediatrics) has been discussed, reviewed, and signed indicating that the provider is aware and understands safe sleep practices for children placed in their home.Explanation:       | [ ]  | [ ]  |       |
| 13. Each child will be provided separate accessible drawer and closet space.\*Explanation:       | [ ]  | [ ]  |       |
| 14. Alternative heating source.Explanation:       | [ ]  | [ ]  |       |
| 15. Screens on windows above 2nd floor.Explanation:       | [ ]  | [ ]  |       |
| 16. Flammable liquids, matches, cleaning supplies, poisonous materials, and other hazardous items are stored so as to be inaccessible to children. Review the Notice of Hazards, CD-101 and obtain signatures.Explanation:       | [ ]  | [ ]  |       |
| 17. Weapons and ammunition are stored in locked areas or cabinets, with keys or other locking mechanisms, so as to be inaccessible to children. | [ ]  | [ ]  |       |
| 18. If weapons are present, the children’s service worker observed the storage of weapons and ammunition.Explanation:       | [ ]  | [ ]  |       |
| 19. There are no surveillance cameras in areas of the home that violate the privacy of the foster youth, e.g. bathrooms, and dressing areas.Explanation:       | [ ]  | [ ]  |       |
| 20. Outdoor play space is fenced when in the judgment of the division, nearby street traffic, railroad tracks, lake, river, swimming pool, or other potential hazard suggests the necessity for such protection.Explanation:       | [ ]  | [ ]  |       |
| 1. If there is a swimming pool present, ensure that Division policy and licensing rules are followed.

Explanation:       | [ ]  | [ ]  |       |
| 1. All medication (prescription, non-prescription or authorized) marijuana, and alcohol shall be stored so as to be inaccessible to children, taking into consideration the age and mental capacities of the children.

Explanation:       | [ ]  | [ ]  |       |
| **E. Health Care**  |
|  | **Yes** | **No** | **Date Answered** |
| 1. Appropriate medical care will be provided for youth. | [ ]  | [ ]  |       |
| 2. Resource providers are in good health (CW-215 collected for each applicant). | [ ]  | [ ]  |       |
| 3. Discussed and signed the HIPAA information for Resource Parents (see CD-194). | [ ]  | [ ]  |       |
| **F. Policies relating to illness/emergencies** |
| **Emergency procedures****Only complete this section for licensure of resource home** | **Yes** | **No** | **Date Answered** |
| 1. Have an emergency exit plan developed and posted. | [ ]  | [ ]  |       |
| 2. Will conduct emergency plan reviews and drills with children/youth in the home.  | [ ]  | [ ]  |       |
| 3. Agree to immediately report serious accidents, and/or illness, or deaths to the appropriate juvenile justice official and CD. | [ ]  | [ ]  |       |
| 4. Telephone numbers of the fire department, police, doctor, and ambulance are posted at all times. House number is plainly visible from the street in case of an emergency. | [ ]  | [ ]  |       |
| **G. COMMENTS** |
|       |
| APPLICANT/PROVIDER SIGNATURE► | DATE SIGNED |
| APPLICANT/PROVIDER SIGNATURE► | DATE SIGNED |
| I have toured this home and reviewed this form with the resource parent(s)/applicant(s) and am of the opinion that the above information is accurate and that the home and resource parent(s)/applicant(s) appear to meet licensing requirements of physical standards of the home with possible concerns and explanations noted above. |
| SIGNATURE OF CHILDREN’S SERVICE WORKER► | DATE SIGNED |
| SIGNATURE OF CHILDREN’S SERVICE SUPERVISOR► | DATE SIGNED |

\*Waivers are available for Relative Homes