

NAME OF APPLICANT(S):

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SAFETY REVIEW FORM

Instructions:

Home finders: This form must be completed at initial certification/approval, when there are changes to the physical residence, and at reauthorization.

Applicant(s): Applicant(s) must sign the completed *Safety Review Form* and comply with any required action within the time frame established by the home finder.

APPLICANT(S) INFORMATION

NAME OF APPLICANT(S):

ADDRESS: **TELEPHONE NUMBER:**
() - / /

CHECK ONE AND DATE: Initial Reauthorization Changes (Interim Home Study) Date: / /

Physical description of the home (Attach floor plan.):

In the first column, answer **No** or **Yes** for each question.

If the response indicates a compliance or safety issue, identify the **required action or recommendation** in the second column and the **date** the **required action** was verified as **complete** in the third column.

I	Electrical Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
I-a	Are electrical cords in good condition and not frayed, taped, or spliced?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
I-b	Are extension cords in good condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
I-c	Are any extension cords hung over nails, located under rugs, or being misused, such as for toasters, hot plates, or other appliances?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II	Sanitation and Housekeeping	No/Yes	Required Action or Recommendation	Date Required Action Completed
II-a	Is the home free of visible garbage or debris?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-b	Is there an adequate, safe supply of water for drinking and household use, and is water from wells, springs or other private sources protected against contamination, and is there hot water for washing and bathing as required by 18 NYCRR 443.3(a)(9)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-c	Is well water used for cooking, drinking, bathing, etc.? If yes, applicant must indicate the last time it was tested and inspected: Date / / Results If corrective measures are required due to water inspection results, does applicant(s) agree to make any necessary corrections (listed to the right) and use bottled water for cooking and drinking until corrections are completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / /
II-d	Does the home have adequate bathing, toilet, and lavatory facilities that are clean and sanitary? 18 NYCRR 443.3(a)(12)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-e	Is all material that can burn, (such as old papers, broken furniture, old clothes, boxes of trash, etc.) removed from the house, garage, and yard?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /

II-f	Are all flammable/combustible liquids and cleaning supplies stored in tightly closed containers and kept safely out of the reach of small children?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-g	Was the home built before 1978? If the response is yes, and there is belief that lead paint may still exist in the home, the requirement that contractors performing renovation, repair, and painting projects must be certified and must follow specific work practices to prevent lead contamination must be reviewed with the applicant.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-h	Does the home have window barriers (screens, guards, and/or stoppers) above the first floor? 18 NYCRR 443.3(a)(10)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-i	Are all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages kept secure and safely from the reach of children (as appropriate to the children's age and development)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-j	Is there a working phone in the home or access to a working phone in close walking proximity?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
II-k	Are all emergency numbers posted in a clear spot?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
III	Heating Equipment Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
III-a	Is the heating apparatus safe and adequate to provide for the reasonable comfort of children in the home? 18NYCRR 443.2(a)(11)	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
III-b	Is there a portable space heater in the home? Note: Where municipalities prohibit the use of portable space heaters, such devices may not be used. Please contact your local authority with jurisdiction for any restrictions in your area. Where permitted, portable space heaters are to be operated in accordance with the manufacturer's instructions and any applicable municipal or local regulations. If a portable space heater is allowed, does it have an automatic shutoff feature?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
III-c	Is there a wood/coal/pellet burning stove? If yes, has the wood/coal/pellet burning stove been installed in compliance with the New York State Uniform Fire Prevention and Building Code? <i>(Local building code department or fire prevention bureau can verify compliance.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
IV	Bedrooms and Sleeping Arrangements	No/Yes	Required Action or Recommendation	Date Required Action Completed
IV-a	Are there any bedrooms in the basement? Per 18 NYCRR 443.3(a)(6), if the basement is unfinished, no bed may be located there. If yes, has the basement bedroom been inspected and approved by local authority to assure that it meets code and the regulations for sleeping purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
IV-b	Are there any bedrooms in the attic? Per 18 NYCRR 443.3(a)(6), if the attic is unfinished, no bed may be located there. If yes, has the attic bedroom been inspected and approved by a local authority to assure that it meets code and regulations for sleeping purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
IV-c	Sleeping arrangements are age and developmentally appropriate.	<input type="checkbox"/> No		/ /

NAME OF APPLICANT(S):

	<p>Sleeping arrangements, including those involving room sharing, are consistent with the health, safety, and welfare of the child, and they are in the best interests of the child. 18 NYCRR 443.3(a)(4)</p>	<input type="checkbox"/> Yes		
IV-d	<p>Are there sufficient bedrooms so that no more than three persons occupy any bedroom where children sleep? (Unless the children are siblings or half-siblings, such arrangement is consistent with the health, safety, and welfare of each of the siblings or half-siblings, and is necessary to keep the siblings or half-siblings together in the same foster home.) 18 NYCRR 443.3(a)(5)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-e	<p>Are there sufficient beds so that no child sleeps in the same bed as an adult? 18 NYCRR 443.3(a)(7)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-f	<p>Is there appropriate storage and privacy for child(ren) – closets, dressers, bedroom door?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-g	<p>Is there appropriate light and ventilation in each child’s bedroom?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-h	<p>Does each bedroom have its own entrance? (i.e., It is not entered through another individual’s bedroom.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-i	<p>Will/Does each child have their own bed/crib? Each child must have space to sleep of sufficient size for the safety, comfort, and privacy of the child. Each child must have a separate bed or crib of sufficient size and cleanliness for the comfort and well-being of the child, with waterproof covering, if needed, and suitable bedding adequate to the season. Bunk beds may be used. 18 NYCRR 443.3(a)(8)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
IV-j	<p>Is there appropriate bedding/bed for each child? (Bed must be on frame.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V	Smoking and Fire Safety	No/Yes	Required Action or Recommendation	Date Required Action Completed
V-a	<p>Do any household members smoke? If yes, are smoking materials disposed of in a metal container or safely outside?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-b	<p>Are matches and lighters stored out of the reach of children?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-c	<p>Is there an evacuation plan so everyone in the house can get out quickly and safely in case of a fire? Does everyone know how to escape in case the home catches fire?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-d	<p>Is there a specified place to meet after evacuation?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-e	<p>Has there been at least one fire drill and evacuation in the house in the past year?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-f	<p>Do all members of the household (who are developmentally able to) know how to call the fire department in case of fire?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-g	<p>Is the home free from fire hazards?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-h	<p>Is there at least one working smoke detector installed, tested, and maintained according to code on each level of the residence?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /

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	18 NYCRR 443.3(a)(13)			
V-i	Is there at least one multipurpose, ABC type, fire extinguisher mounted in the kitchen area and do all household members (who are developmentally able to use it) know how to use it? If there are any other fire extinguishers in the home, do all household members (who are developmentally able to use it) know their location and use?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-j	Is there at least one carbon monoxide detector installed in accordance with the manufacturer's recommendations?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
V-k	Is there a fireplace in the home? If yes, is a screen kept in front of the fireplace when it is being used?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / /
V-l	Are all ashes from wood/coal/pellet heating stoves and fireplaces kept outside in a tightly covered metal container and stored safely away from combustible materials?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
VI	Weapons	No/Yes	Required Action or Recommendation	Date Required Action Completed
VI-a	Are there any firearms, rifles, or shotguns in the home? If yes: List the type and number of weapons: Is each weapon licensed in compliance with applicable state and local standards? Are guns and ammunition kept separately in locked storage areas? Are any other safety measures taken to avoid the unauthorized handling of the weapons and potential injury? Be specific.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / / / / / /
VII	Property/Bodies of Water	No/Yes	Required Action or Recommendation	Date Required Action Completed
VII-a	Is there a swimming pool at the residence? If yes: Check one: <input type="checkbox"/> In ground <input type="checkbox"/> Above ground Does the pool meet all the local building installation, safety requirements, and regulations? Is there a fence surrounding the pool that is a minimum of four feet?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		/ / / / / /
VII-b	Is the residence near a pond, ravine, etc.?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /
VII-c	Is there a sufficient plan to keep child(ren) safe from busy streets and/or traffic?	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /

Applicant(s) agrees to above noted required actions.

APPLICANT'S SIGNATURE:

X

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X

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When all required actions have been satisfactorily completed, home finder and supervisor must complete check boxes and sign below:	
Physical facilities are in good condition and present no hazard to the health and safety of children. 18 NYCRR 443.3(a)(2)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Home is in substantial compliance with all applicable provisions of state rules and regulations, and local laws and ordinances concerning health and safety.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The physical space, construction, and maintenance of the home and premises are in good repair and kept in a sufficiently clean and sanitary condition so that the physical well-being as well as a reasonable degree of physical comfort is assured by the members of the foster family. 18 NYCRR 443.3(a)(3)	<input type="checkbox"/> No <input type="checkbox"/> Yes
APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE: X	DATE: / /

I/We agree that no child in foster care will be permitted to sleep in a bed located in an unfinished basement and can only sleep in a finished basement inspected and approved by local authorities.

I/We agree that no child in foster care will be allowed to reside above the second floor of a house or be permitted to sleep in a finished attic unless the room has been inspected by the "authority having jurisdiction," meeting the fire prevention and building codes of the community.

I/We agree to take the appropriate safety measures to avoid individuals being harmed by weapons or ammunition.

I/We agree to take appropriate safety measures to avoid individuals being harmed while in or near the pool or any nearby bodies of water or hazards.

APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /