

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

Instructions:

Home finders/agency workers: This form must be completed together with the applicant(s) at initial approval and/or when there are changes to the physical residence.

Applicant(s): Applicant(s) must assist the home finder/ agency worker in the review of the home. Applicant(s) must review any recommended actions with the home finder/agency worker. Applicant(s) must review and sign the completed *Safety Review Form*. The outcome of the safety review will be included as part of the overall agency determination for approval.

APPLICANT(S) INFORMATION			
NAME OF APPLICANT(S):			
ADDRESS:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"></td> <td style="border: none; width: 30%; text-align: right; vertical-align: top;"> TELEPHONE NUMBER: () - </td> </tr> </table>		TELEPHONE NUMBER: () -
	TELEPHONE NUMBER: () -		
CHECK ONE AND DATE: <input type="checkbox"/> Initial Date: / / <input type="checkbox"/> Update Date: / /			
Physical description of the home (attach floor plan):			
Assess the following areas of the home, rendering your overall impressions pertaining to each specific area (utilizing the suggested considerations to assist you). Clearly state any health and/or safety concerns that MUST be addressed.			
I.	ELECTRICAL SAFETY		
CONSIDERATIONS:			
<ul style="list-style-type: none"> Are electrical cords in good condition, and not frayed, taped or spliced? Are extension cords in good condition? 			
OVERALL IMPRESSIONS			
RECOMMENDED ACTIONS	<input type="checkbox"/> None		
II.	SANITATION AND HOUSEKEEPING		
CONSIDERATIONS:			
<ul style="list-style-type: none"> Is the home free of visible garbage or debris? 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? Is there hot water for washing and bathing? Does the home have adequate bathing, toilet and lavatory facilities that are clean and sanitary? Are all flammable/combustible liquids and cleaning supplies stored in tightly closed containers and kept safely out of the reach of small children? Was the home built before 1978? If yes, is there belief that the home is free of lead paint? Are all medications, poisonous materials, cleaning supplies, other hazardous materials and alcoholic beverages kept secure and safely from the reach of children? Is there a working phone in the home or access to a working phone in close walking proximity? Are all emergency numbers posted in a clear spot? 			
OVERALL IMPRESSIONS			
RECOMMENDED ACTIONS	<input type="checkbox"/> None		

III.	HEATING EQUIPMENT SAFETY
CONSIDERATIONS: <ul style="list-style-type: none"> Is the heating apparatus safe and adequate to provide for the reasonable comfort of children in the home? Is there a portable space heater in the home? If yes, does it have an automatic shutoff feature? Is the heating source installed in compliance with the New York State Uniform Fire Prevention and Building Code? 	
OVERALL IMPRESSIONS	
RECOMMENDED ACTIONS	<input type="checkbox"/> None
IV.	BUILDING AND SLEEPING ARRANGEMENTS
CONSIDERATIONS: <ul style="list-style-type: none"> Where are the bedrooms located in the home? What is the plan for the sleeping arrangements? Is there appropriate storage and privacy for child(ren) – closets, dressers, bedroom door? Is there appropriate light and ventilation in each child's bedroom? What is the plan for accommodating appropriate sleeping arrangements for an infant, if applicable? Has there been a discussion/review of 13-OCFS-ADM-02 with applicant(s)? 	
OVERALL IMPRESSIONS	
RECOMMENDED ACTIONS	<input type="checkbox"/> None
V.	SMOKING AND FIRE SAFETY
CONSIDERATIONS: <ul style="list-style-type: none"> Do any household members smoke? If yes, are smoking material disposed of safely? Are matches and lighters stored out of the reach of children? Is there an evacuation plan so everyone in the house can get out quickly and safely in case of a fire? Is there a specified place to meet after evacuation? Has there been at least one fire drill and evacuation in the house in the past year? Do all household members (who are developmentally able to) know how to call the fire department in case of fire? Is the home free from fire hazards? Are there any working smoke detectors in the home? <ul style="list-style-type: none"> If yes, do such devices meet all the local building installation, safety requirements and regulations? Are there any working carbon monoxide detectors in the home? <ul style="list-style-type: none"> If yes, do such devices meet all the local building installation, safety requirements and regulations? Are there any fire extinguishers in the home? Do all household members (who are developmentally able to) know the location of the extinguisher(s) and how to use the extinguisher(s)? Is there a fireplace in the home? If yes, is a screen kept in front of the fireplace when it is being used? 	
OVERALL IMPRESSIONS	
RECOMMENDED ACTIONS	<input type="checkbox"/> None

VI.	WEAPONS
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CONSIDERATIONS:

- Are there any firearms, rifles or shotguns in the home?
- Are there any other weapons in the home?
- Is each weapon licensed in compliance with applicable state and local standards?
- If there are firearms, rifles or shotguns in the home, are the 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?

OVERALL IMPRESSIONS	
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RECOMMENDED ACTIONS	<input type="checkbox"/> None
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VII.	PROPERTY/BODIES OF WATER
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CONSIDERATIONS:

- Is there a swimming pool at the residence?
 - If yes, check one: In ground Above ground
 - If yes, does the pool meet all the local building installation, safety requirements and regulations?
 - If yes, is there a fence surrounding the pool that is a minimum of four feet?
- Is the residence near a pond, ravine etc.?
- Is there a plan to keep child(ren) safe from busy streets, traffic and/or bodies of water on the property?

OVERALL IMPRESSIONS	
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RECOMMENDED ACTIONS	<input type="checkbox"/> None
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FOLLOW-UP VISIT NEEDED
<input type="checkbox"/> Recommended Actions Noted; Follow Up Visit Scheduled <input type="checkbox"/> None- Home finder/agency worker proceed to Safety Review Assessment section.

There is need for a follow-up visit based on the above noted recommended actions. By signing below, applicant(s) acknowledges review of this form and to a follow-up visit.

APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /

FOLLOW-UP VISIT FINDINGS

Follow-Up Visit Date: / /

FINDINGS:

SAFETY REVIEW ASSESSMENT

No additional follow-up is needed. Complete the safety review assessment below. The Safety Review Form is then signed by the applicant(s), the home finder/agency worker and the supervisor.

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 adoptive family.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If no, describe in detail

APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /
HOME FINDER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE (IF REQUIRED BY AGENCY): X	DATE: / /