



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
RESOURCE HOME AND SAFETY CHECKLIST

| | | | | | |
|---|--|--|---|--|--|
| Date | | DVN | Telephone Number | | |
| Initial Licensure <input type="checkbox"/> | License Renewal <input type="checkbox"/> | Safety Walk Through <input type="checkbox"/> | | | |
| Name of Applicant/Potential Resource Provider Individual #1 | Fingerprint results received <input type="checkbox"/> yes <input type="checkbox"/> no Date: | Fingerprint results clear <input type="checkbox"/> yes <input type="checkbox"/> no | Name of Applicant/Potential Resource Provider Individual #2 | Fingerprint results received <input type="checkbox"/> yes <input type="checkbox"/> no Date: | Fingerprint results clear <input type="checkbox"/> yes <input type="checkbox"/> no |
| Street | | City | | State | Zip Code |

Others In The Home

| Name | Relationship to Applicant/Potential Resource Provider | 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 | No | 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 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 answer of yes to any of the above, please attach a detailed explanation.

B. 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 use consistent, appropriate discipline and consequences? | | | |
| 5. 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 | | | |
| 6. Work cooperatively with CD juvenile court officials and others as necessary to develop and fulfill plans for the youth in your home? | | | |

C. Resource Home

Physical and safety requirements:

Only complete this section for licensure of resource home

Yes No Date Toured

| Physical and safety requirements: Only complete this section for licensure of resource home | Yes | No | 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. One half of a full sized bed for youth aged 2 or older will be provided? Explanation: | | | |
| 9. Separate rooms for children /youth age 6 or older, of opposite sex, will be provided? Explanation: | | | |
| 10. Separate rooms from adults will be provided for youth over 24 months? Explanation: | | | |
| 11. Each child will be provided separate accessible drawer and closet space? Explanation: | | | |
| 12. Alternative heating source? Explanation: | | | |
| 13. Screens on windows above 2 nd floor? Explanation: | | | |
| 14. Flammable liquids, matches, cleaning supplies, poisonous materials medicines and other hazardous items are stored so as to be inaccessible to children. Explanation: | | | |
| 15. Weapons and ammunition are stored so as to be inaccessible to children. Ammunition and weapons are stored separately in locked areas or cabinets with keys secured so as to be inaccessible to children. | | | |

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|---|--|------------|-------------|----------------------|
| If weapons are present, the children's service worker observed the storage of weapons and ammunition. Explanation: | | | | |
| D. Health Care | | | | |
| | | Yes | No | Date Answered |
| 1. Appropriate medical care will be provided for youth? | | | | |
| 2. Resource providers are in good health? | | | | |
| E. 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. Agree to report suspected child abuse to authorities. | | | | |
| 5. 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. | | | | |
| F. COMMENTS | | | | |
| | | | | |
| APPLICANT/PROVIDER SIGNATURE ▶ | | | DATE SIGNED | |
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| 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 | |