

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**FIRE SAFETY REVIEW FORMS FOR FOSTER PARENT APPLICANTS OR  
CERTIFIED/LICENSED/APPROVED FOSTER HOMES**

NAME OF APPLICANT/FOSTER PARENT:	
ADDRESS:	TELEPHONE:

**Introduction:**

Your cooperation is requested in completing this form. Its main purpose is to assist you and an agency representative in a discussion of fire safety, fire prevention, and home safety in general. The goal of the discussion is to promote understanding of fire safety in the home in accordance with New York State Office of Children and Family Services requirements, and new York State regulations for the certification and recertification of family foster homes (NYCRR 443).

The form should be received by you several days in advance of a scheduled interview with \_\_\_\_\_  
NAME OF AGENCY REPRESENTATIVE

scheduled for \_\_\_\_\_, on \_\_\_\_\_  
LOCATION DATE

Please review and discuss the form's statements and questions with others in the family before the scheduled interview. During the interview you will be asked to complete the form. It is to be given to the agency representative after you have answered the questions.

I. Be prepared to discuss with the representative how the topics below relate to fire safety/injury prevention:

- |                                                   |                                     |
|---------------------------------------------------|-------------------------------------|
| 1. Rubbish disposal                               | 7. Chimneys                         |
| 2. Frayed electrical cords                        | 8. Grease on cooking surfaces       |
| 3. Extension cords/overloaded electrical circuits | 9. Storage of combustible materials |
| 4. Matches/lighters                               | 10. Portable space heaters          |
| 5. Flammable liquids                              | 11. Fireplace/Woodstoves            |
| 6. Smoking/ashtrays                               | 12. Swimming pools/Bodies of water  |

II. Is there a portable space heater in the home?  Yes  No

**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. Please be prepared to discuss the operation of any portable space heater with your representative.**

III. If there is a woodburning stove in the home was it installed in compliance with the New York State Uniform Fire Prevention and Building Code? **(Check one)**  Yes  No

(A local building code department or fire prevention bureau can verify compliance)

IV. In case of fire all adults and school age children know how to call the fire department. **(Check one)**  Yes  No

V. In case the home caught fire at night, everyone knows how to escape. **(Check one)**  Yes  No

VI. The family has developed an exit drill plan with at least two means of escape from each room. A fire drill must be conducted in the home at least once a year and within a week following the placement of a child in the home. Has there been at least one fire drill and evacuation in the home in the past year? If a child has been placed in the home within the past year, a drill/evacuation has been conducted within one week of that placement. **(Check one)**  Yes  No

VII. There is at least one smoke detector, installed, tested, and maintained according to code, in every room except the kitchen and bathrooms, including the basement or cellar. Multiple station smoke alarms are interconnected. **OR** There is at least one smoke detector on each level of the home, including the basement or cellar, and in each sleeping room. Multiple station smoke alarms are interconnected for new construction. **(Check one)**  Yes  No

Describe location: \_\_\_\_\_

VIII. Indicate which of the following fire safety pamphlets you would like to receive.

- |                                             |                                                  |                                                  |
|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Barbecue Safety    | <input type="checkbox"/> Exit Drills in the Home | <input type="checkbox"/> Wood Stove Safety       |
| <input type="checkbox"/> Candle Fire Safety | <input type="checkbox"/> Home Safety Tips        | <input type="checkbox"/> High Rise Safety Tips   |
| <input type="checkbox"/> Holiday Safety     | <input type="checkbox"/> Fireplace Safety        | <input type="checkbox"/> Home Fire Extinguishers |
| <input type="checkbox"/> Carbon Monoxide    | <input type="checkbox"/> Smoke Detectors         |                                                  |

IX. In my/our judgement the home I/we live in is kept free of fire hazards, and I/we know what has to be done to maintain a fire safety environment. **(Check one)**  Yes  No

X. There is at least 1 (one) carbon monoxide detector installed in accordance with manufacturer's recommendations. **(Check one)**  Yes  No

XI. There is at least (one) multipurpose or ABC type fire extinguisher mounted in the kitchen area, and all occupants know how to use it. **(Check one)**  Yes  No

XII. If there are any other fire extinguishers in the home, do all occupants know about their location and use? **(Check one)**  Yes  No

XIII. Please fill out the checklist of safety items and agreements below. At the conclusion of the safety discussion, your representative will go over the list with you and explain any actions you may need to take to address any checklist concerns.

### **Safety Observations**

#### **Electrical:**

Are electric/extension cords in good condition (not frayed, taped, spliced, overloaded)? **(Check one)**  Yes  No

Are any extension cords strung over nails, located under rugs or being misused such as for toasters, hot plates or appliances? **(Check one)**  Yes  No

#### **Flammable Liquid Safety**

Are all flammable liquids and cleaning supplies stored in tightly closed containers and safely out of reach of children and all combustible material? **(Check one)**  Yes  No

Where is this storage?

Are furnaces and hot water heaters serviced at least once a year following manufacturer's recommendations and good practice? **(Check one)**  Yes  No

Is a screen kept in front of the fireplace when it is being used? **(Check one)**  Yes  No

#### **Fire Safety and Evacuation**

Is there an evacuation plan, so that everyone in the house can get out from all locations, quickly and safely in case of fire? **(Check one)**  Yes  No

Is there a specified place to meet after evacuation: **(Check one)**  Yes  No

Are there at least two ways out of every bedroom? **(Check one)**  Yes  No

#### **Weapons**

Do you own or have in your possession any weapons (guns, rifle, hunting equipment, knife etc.) **(Check one)**  Yes  No

What safety measures are taken to avoid the unauthorized handling of the weapons and potential injury. Be specific.

---

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

Signed \_\_\_\_\_

**Bedroom Arrangements:**

Are there any bedrooms in the basement? **(Check one)**  Yes  No

Has the basement bedroom been inspected and approved by the local authority to assure that it meets code and the regulations for sleeping purposes? **(Check one)**  Yes  No

**We agree that no foster child will be permitted to sleep in a bed located in the basement unless inspected and approved by local authorities.**

Signed \_\_\_\_\_

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

**Bodies of Water:**

If you have a swimming pool, is it installed following local building code regulations and requirements? **(Check one)**  Yes  No

Is there a 4-foot fence (minimum surrounding the swimming pool or yard)? **(Check one)**  Yes  No

I/we agree to take appropriate safety measures to avoid individuals being hurt while in or near the pool.

Signed: \_\_\_\_\_

**Emergency Numbers:**

Do you have these phone numbers posted by or on your phones?

**Emergency Services** (Check one)  Yes  No **PHONE #: 911**

**Police** (Check one)  Yes  No **PHONE #:** \_\_\_\_\_

**Fire** (Check one)  Yes  No **PHONE #:** \_\_\_\_\_

**Ambulance** (Check one)  Yes  No **PHONE #:** \_\_\_\_\_

**Doctor** (Check one)  Yes  No **PHONE #:** \_\_\_\_\_

**Poison Control** (Check one)  Yes  No **PHONE #:** \_\_\_\_\_