



QUARTERLY HOME INSPECTION

[] Announced Visit [] Unannounced Visit Date of Visit: _____

Home Visit Date: _____ Proctor Parent(s): _____

Address: _____

*Anything marked "No" requires follow-up remediation by Crossroads and is reported to the licensor

Table with columns: Home Safety Requirements, YES, NO, COMMENTS. Rows include: Address visible/home accessible, Parents don't provide child care, Interior/exterior contents, Hazards abated, Swimming pools, Pets, Smoking, Exits, Safety devices, Protective gear, Working appliances, Bathrooms, Smoke detectors, Carbon monoxide, Extinguisher, 911 phone, Emergency numbers, First aid kit, Alcoholic beverages, Hazardous chemicals, Medications, Flammable substances, Bedrooms: 201-12-6-6, Number of bedrooms, Minimum square feet, Shared rooms, Foster children in parent's room, Foster children with adults.



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Table with 4 columns: Description, YES, NO, COMMENTS. Sections include Bedrooms: 201-12-6-6 CONTINUED, Firearms: 501-12-7-6, and Vehicles: 501-12-11.

Safety plan initiated by CRYs (or CRYs follow-up required): [] Yes [] No

Overall comments/recommendations: (Address all boxes checked "NO"/Safety pan details/hazards or violations observed/restrictions/monitoring assignments)

Three horizontal lines for handwritten notes.

Print name of person completing inspection

Date

Licenser/Certifier use only:

Type: [] Foster Care Service License

Licensed Capacity: [] One [] Two [] Three [] Four

Maximum Capacity: _____

Gender: [] Male [] Female [] Both

Ages: _____

Immunized foster children only: [] No (proof provided for all household members)

[] Yes (if all household members did not provide proof of immunization; make a note license.)

Comments: