

**FOSTER HOME LICENSING  
INDIVIDUAL WATER HAZARD SAFETY PLAN  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Purpose: This safety plan is developed to provide the foster family the opportunity to document the safety measures they will implement to ensure that a child placed under their care will be safe while living in close proximity of a known, potential water hazard such as a pool, pond, lake, river, or beach.

**Given the variation of developmental stage, age, and competencies around water, this form is to be completed for each child placed in a foster home where a water safety hazard has been identified during the licensure process.** The foster parent should complete this form within three (3) calendar days of the child being placed in the home.

**This form shall be filed in the case record for the child and a copy of this form shall be filed in the foster family licensing record.**

Foster Parent(s)'s Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Placement: \_\_\_\_\_ Date of Safety Plan \_\_\_\_\_

Supervising Agency's Name: \_\_\_\_\_

**I. Child's Specific Information:**

1. Describe any developmental delays, learning disabilities, concerning behaviors, and/or physical limitations the child is known to have at the time of placement.
  
  
  
  
  
  
  
  
  
  
2. Does the child know how to swim and/or is aware of safety precautions around bodies of water to include but not limited to pools, lakes, rivers, streams, etc.?

**II. Safety Plan**

1. What types of safety devices i.e. lifejackets, flotation devices, etc. the foster parent(s) has for the child to use when around bodies of water.

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2. Foster parent(s)'s description of supervision that will be provided when the child is near bodies of water to include but not limited to pools, hot tubs, wading pools, ponds, lakes, etc.
  
3. What are the rules the foster parent(s)'s has communicated to the child about the potential water hazard?
  
4. What techniques and strategies the foster parent(s) has knowledge of and the ability to perform in the event of an emergency? Please list any certifications or trainings received with dates.

**III. Signatures:**

|                                       |                                       |
|---------------------------------------|---------------------------------------|
|                                       |                                       |
| <b>Foster Parent 1</b>                | <b>Foster Parent 2</b>                |
|                                       |                                       |
| <b>Foster Parent's Signature/Date</b> | <b>Foster Parent's Signature/Date</b> |