

# APPENDIX 1: GLOSSARY

08/2011

**HOUSEHOLD MEMBER** -- A resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year (e.g. an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for 6 weeks twice a year) must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Central Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

**ROOMER/BOARDER** -- A person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and is not a household member.

CLEAR



**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Foster Home Closure**

Resource Worker:

County:

Foster Parents' Names:

Provider #:

Date Home Opened:

Date Home Closed:

- Yes  No Does the record contain a narrative summarizing all reasons for closure relating both past as well as present documentation to support decision of closure if closure is by Division decision?
- Yes  No Does the record document there was a face-to-face discussion with the foster parent(s) regarding all reasons for closure?
- Yes  No Does the record contain narrative indicating all efforts by the county to eliminate the problem(s) resulting in decision to close (if applicable)?
- Yes  No Does the record indicate closure is by request of foster family (if applicable)?
- Yes  No Does the record contain a letter of notification of closure (reasons for closure being stated and the foster family's right to appeal the decision of closure by filing a grievance)?
- Yes  No Does the record contain a copy of the Provider/Resource information contained in CHRIS indicating case closure?

**Comments:**

Resource Worker's Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Foster Home: \_\_\_\_\_

Date Home Opened: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date Home Closed: \_\_\_\_\_

Family Service Worker: \_\_\_\_\_

Date Home Re-Opened: \_\_\_\_\_

County: \_\_\_\_\_

Date Home Transferred to Another County: \_\_\_\_\_

**ANNUAL RE-EVALUATIONS:**

- Yes  No Does the record document the results of the annual foster home re-evaluation?
- Yes  No Does the record document impressions and evaluation of the foster family?
  - Yes  No gives an objective evaluation of present and future capacity to be foster parents?
  - Yes  No states foster family's strong points, weak points?
  - Yes  No states how the foster family met the needs of the children placed in their home?
- Yes  No Does the record document the Family Service Worker visited the foster home at least monthly whenever there were foster children residing there?
- Yes  No Is there on-going summary/ foster home compliance narrative filed in the record to which Family Service Worker can refer when re-evaluating the home? The agency shall monitor the foster home at least quarterly for continued compliance.
- Yes  No Does the on-going narrative address issues related to work with the foster family, i.e., stress foster family may be experiencing related to foster parenting and common life stressors (i.e., financial difficulties; relationship conflicts with spouse, birth/legal children, in-laws, etc.; illness or death of family member, close friend, etc.) on-going monitoring of the foster family and the foster family's physical surroundings for continued compliance with all standards for approval as a foster home, etc.)?
- Yes  No Does the record document health (CFS-404: General Medical Report for each foster family member)?
- Yes  No Does the record document the financial status of foster family?
- Yes  No Does the record give a recommendation regarding age, sex, number, sibling group, special characteristics of children which should be placed in the home, problems which can and cannot be handled and recommended length of placement desirable?
- Yes  No Does the record document there was a home visit made and face-to-face discussion with the foster family with regard to all the above for the purpose of re-evaluation?
- Yes  No Does the record document that the foster family and the foster family's physical surroundings continue to meet all standards for continued approval as a foster home? (Refer to CFS-475B)
- Yes  No Does the record contain a letter of continued approval or a letter of notification of closure (in the case of closure, the reasons for closure being stated and the foster family's right to appeal the decision of closure)?
- Yes  No CFS-451 (Foster Parent Re-evaluation Form)?
- Yes  No CFS-479 (Foster Home Re-evaluation Notice)?

- Yes  No If exception of a standard/policy is necessary, was a written alternative compliance/policy waiver approval obtained and filed in the record?
- Yes  No Does the record document that the CFS-342 (State Police Criminal Record Check) was repeated every two years from the date the home was opened?
- Yes  No Does the record document that the CFS-316 (Child Maltreatment Central Registry Check) was repeated every two years?
- Yes  No Does the record document the foster parent(s) maintained current certification in both CPR and First Aid?

**Comments:**

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Foster Home: \_\_\_\_\_

Date Home Opened: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date Home Closed: \_\_\_\_\_

Family Service Worker: \_\_\_\_\_

Date Home Re-Opened: \_\_\_\_\_

County: \_\_\_\_\_

Date Home Transferred to Another County: \_\_\_\_\_

**COMPLAINT AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT (if applicable):**

- Yes  No Does the record document foster family was advised, in writing, of:
- Yes  No the complaint(s) made against them, CFS-325 (Notification of Complaint Other than Child Maltreatment)?
  - Yes  No the outcome of the investigation, CFS-326 (Outcome of Complaint Investigation)?
  - Yes  No any corrective action(s) needed to be made, and/or action(s) that will be taken?
- Yes  No If applicable, is there filed in the record a written agreement between the County Office/Family Service Worker and the foster family establishing a corrective action plan to correct the problem(s) with the time frame(s) established by which the problem(s) will be resolved?
- Yes  No Is there recorded in the record what assistance the County Office/Family Service Worker/Division offered and/or made available to the foster family to correct the problem(s)?
- Yes  No In instances where corrective action is not possible/not successful, does record document there was a face-to-face discussion with the foster family to discuss closing the foster home?
- Yes  No Is there an investigation report filed in the record regarding the complaint? Did the report include the following information?
- Yes  No Date and nature of complaint?
  - Yes  No Source of Complaint?
  - Yes  No Reaction of foster family to complaint?
  - Yes  No Updated home assessment/summary?
  - Yes  No Services offered to family as a result of the complaint?
  - Yes  No Conclusion of investigation?
  - Yes  No Any corrective action(s) needed to be made?
  - Yes  No Action(s) taken as the result of compliance/non-compliance of corrective action(s) needed?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_

RESCIND

**Arkansas Department of Human Services  
 Division of Children & Family Services  
 Checklist for Compliance  
 Foster Home Record**

Reviewer: \_\_\_\_\_  
 Foster Home: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_  
 Family Service Worker: \_\_\_\_\_  
 County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
 Date Home Opened: \_\_\_\_\_  
 Date Home Closed: \_\_\_\_\_  
 Date Home Re-Opened: \_\_\_\_\_  
 Date Home Transferred to Another County: \_\_\_\_\_

**TRUE REPORTS OF CHILD MALTREATMENT AGAINST FOSTER FAMILY MEMBER(S) (if applicable):**

Date Report	Complaint Made	Home Closed/ Corrective Action	CFS-6001 Filed	Narrative Regarding Investigation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_  
 Name of Family Service Worker/Evaluator: \_\_\_\_\_  
 Supervisor/Designee Signature: \_\_\_\_\_  
 Name of Supervisor/Designee: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**CLOSURE IF APPLICABLE:**

- Yes  No Does the record contain a narrative summarizing all reasons for closure relating both past as well as present documentation to support decision of closure if closure is by Division decision?
- Yes  No Does the record document there was a face-to-face discussion with the foster parent(s) regarding all reasons for closure?
- Yes  No Does the record contain narrative indicating all efforts by the county to eliminate the problem(s) resulting in decision to close (if applicable)?
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- Yes  No Does the record contain a copy of the Provider/Resource information contained in CHRIS indicating case closure?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_

## PROCEDURE VII-B3: Inquiries

08/2011

The County Supervisor or designee will:

- A. Assign foster care-only inquiries to the designated Resource Worker within three working days. (Notification of internet inquiries made by prospective foster parents will go directly to the designated supervisor, who will assign the inquiry to the designated Resource Worker).
- B. Assign inquiries regarding both Adoption and Foster Care to the designated Area Resource Worker within three working days, and ensure that the appropriate Adoption Supervisor will assign an Adoption Specialist as secondary.
- C. Relay adoption-only inquiries to the Adoption Supervisor within three working days.

The designated Resource Worker will:

- A. Enter information documenting all activities with the family beginning with Applicant Status (Inquiry) to the approval process in CHRIS. This includes all appropriate Provider Screens – General Information Tabs, Household Members/Requirements Tabs, Contacts Screen, Preferences Tab and Services Details Screen.
- B. Respond to all phone and internet inquiries within three working days of receiving the assignment from the County Supervisor (Inquiries made via the website will automatically populate the appropriate CHRIS county inbox the next working day).
  - 1) When an inquiry is made, give a brief explanation of the county foster care needs, correct any misinformation the caller may have, and explain the foster parent assessment process.
- C. Provide the family with an information packet within three working days after initial contact is made. The information packet will consist of:
  - 1) A letter that:
    - a) Thanks the family for their interest
    - b) Identifies a contact person
    - c) Indicates the date, time and location of the next information meeting in their county or, if applicable, a neighboring county that is hosting prospective foster parents from surrounding counties.
  - 2) PUB-406: Care, Commit, Connect
  - 3) PUB-409: What is DCFS?
  - 4) PUB-20: Open Your Heart, Open Your Home to Foster Care (if applicable)

Background check forms should **not** be mailed at this point in time. Copies of the brochures listed above can be obtained from the Foster Care and Adoption Units, ordered from the DHS print shop through the local financial coordinator, or printed directly from CHRIS Public.

- D. Within 5 working days after sending the information packet, contact the family via phone (if the family has not already contacted the Resource Worker) to:
  - 1) Ensure that they received the information packet.
  - 2) Answer any additional questions they may have.
  - 3) Determine if they will be able to attend the next scheduled information meeting.
    - a. If the family will be able to attend the next scheduled information meeting, no further action needs to be taken until that time.
    - b. If the family will not be able to attend the next scheduled information meeting, mail PUB-22: Standards of Approval for Foster and Adoptive Homes and PUB-30: Foster Parent Handbook and the background check packet to them with instructions on how to complete and submit these completed forms. The background check packet includes:
      - i. FBI fingerprint card
      - ii. CFS-316: Request for Child Maltreatment Central Registry Check
      - iii. APS-0001: Authorization for Adult Maltreatment Central Registry

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- iv. CFS-341: Certification of Absence of Criminal Record
  - v. CFS-342: State Police Criminal Record Check
  - vi. CFS-419: Foster Family Support System Information
  - vii. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
  - viii. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
  - ix. VSP-2: Authorization to Obtain Traffic Violation Record
  - x. Arkansas State Vehicle Safety Program Manual
- c. See Procedure VII-C1 for background check processing information.
- E. If the Resource Worker is unable to contact the family after three phone attempts, send another letter to the family informing them that the Resource Worker has attempted to contact them and will not be contacting them further, but also welcoming the family to call or email the Resource Worker if they are still interested in fostering.

### PROCEDURE VII-B4: Information Meetings

The Resource Worker or designee will:

- A. Address the following topics at the Information Meeting:
  - 1) Overview of foster care
  - 2) Demographics and characteristics of children in care
  - 3) Types of foster homes needed in the county
  - 4) Approval standards
  - 5) Application and assessment process (i.e., the application process formally begins with the In-Home Consultation Visit).
- B. Ensure a current or former foster or adoptive parent is present and available to answer questions.
- C. Provide all participants with a copy of PUB-22: Standards of Approval for Foster and Adoptive Homes and PUB-30: Foster Parent Handbook.
- D. Provide all participants with a Background Check Packet (MidSOUTH shall not provide the packet to prospective foster families), which includes:
  - 1) FBI fingerprint card
  - 2) CFS-316: Request for Child Maltreatment Central Registry Check
  - 3) APS-0001: Authorization for Adult Maltreatment Central Registry
  - 4) CFS-341: Certification of Absence of Criminal Record
  - 5) CFS-342: State Police Criminal Record Check
  - 6) CFS-419: Foster Family Support System Information
  - 7) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
  - 8) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
  - 9) VSP-2: Authorization to Obtain Traffic Violation Record
  - 10) Arkansas State Vehicle Safety Program Manual
- E. Have a notary present to notarize the forms in the Background Check Packet if the family chooses to complete during the Information Meeting.
- F. Provide participants with additional Background Check Packets for their Foster Family Support System and any other household members. Any household member who resides in the home for more than 3 cumulative months in a calendar year (e.g. an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for 6 weeks twice a year) must clear all background checks.

### POLICY VII-C: FOSTER HOME ASSESSMENT PROCESS

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In order to ensure quality foster homes, DCFS will complete a thorough home assessment for each prospective foster family. The purpose of the assessment process is to educate prospective foster parents on the

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characteristics of children in out-of-home placement and evaluate their ability to meet those needs, as well as evaluate the applicants' compliance with the Minimum Licensing Standards and DCFS policy requirements for foster homes. The home assessment is a mutual selection process. It involves several components including, but not limited to, background checks, an in-home consultation visit, pre-service training, a home study, and ongoing consultation with the prospective foster parents to ensure that all appropriate criteria related to both compliance and quality are met. Prospective foster parents, with the exception of provisional foster parents, are highly encouraged to attend an Information Meeting before the In-Home Consultation Visit.

### **BASIC CRITERIA**

Basic criteria for consideration in determining the appropriateness of foster homes include, but are not limited to the following.

**Age** - Applicant is at least 21 years of age and not older than 65 years of age.

#### ***Relationship Stability*** -

- A. In a two-parent home, each person shall be joint applicants and each person shall actively participate in the approval process. The couple shall demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:
  - Death or serious illness among family members
  - Marriage, separation, divorce, or other significant changes in the couple's relationship
  - Addition of household members (e.g., birth, adoption, aging relative moving in)
  - Loss of or change in employment
- B. Marriages and divorces will be verified. Applicants must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.
- C. In a single parent home, the major life changes listed above shall also be considered when assessing the person's ability to be an effective foster parent.

A foster home may not house or admit any roomer or boarder. A roomer or boarder is:

- A. a person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and,
- B. not a household member.

A household member is a resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

***General Physical and Mental Health*** - Members of the household must not have a health condition or disability that would interfere with the family's ability to parent the child. Each member of the household shall have a physical examination by a physician within six months prior to the approval of the home study on the prospective foster family, and annually thereafter.

#### ***Housing***

- A. Space must be adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms must be maintained in a secure, locked location and stored separately from ammunition.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.

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- D. Children of opposite sexes will have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water must be provided by public water system or approved annually by the Department of Health (this includes septic systems).

*Resources* - The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without relying solely on state or federal financial assistance (e.g., SNAP, SSI, SSA, etc.) to meet those needs (although these forms of assistance may be used to supplement a family's income). A recent check stub and the previous year's income tax return is required to verify income and employment. While the foster care board payment may be a resource for a child, foster parents should have sufficient resources to care for a child even without a board payment. The foster care board payment shall not be considered a part of the foster family's income.

### BACKGROUND CHECKS

In addition to ensuring that homes meet the basic criteria, the Division shall only place children in approved foster homes where the foster parents and appropriate members of the household have been cleared through a series of background checks: the Arkansas Child Maltreatment Central Registry, the Arkansas Adult Maltreatment Central Registry, the Arkansas State Police Criminal Record Check and an FBI Criminal Background Check (with the exception that placements may be made in Provisional Foster Homes before FBI results are received). Any household member who resides in the home for more than 3 cumulative months in a calendar year (e.g. an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for six weeks twice a year) must clear all background checks.

*Child Maltreatment Central Registry* - Foster parents and all other members of the household age 10 years and older, excluding children in foster care, must be cleared through the Arkansas Child Maltreatment Central Registry. The Arkansas Child Maltreatment Central Registry Check will be repeated every two years on all appropriate household members. If applicable, a Child Maltreatment Central Registry Check shall also be conducted on each household member age 10 years or older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.

*Adult Maltreatment Central Registry* – Foster parents and all other members of the household age 18 years and older, excluding children in foster care, must be cleared through the Arkansas Adult Maltreatment Central Registry. The Arkansas Adult Maltreatment Registry check will be repeated every two years on all appropriate household members.

*State Police Criminal Record Check* - Foster parents and all other members of the household age 18 years and older, excluding children in foster care, must be cleared through a State Police Criminal Record Check. The State Police Criminal Record Check shall be repeated every two years on all appropriate household members.

*FBI Criminal Background Check* - Foster parents and all members of the foster home who are 18 years of age and older, excluding children in foster care, must also clear an FBI fingerprint-based Criminal Background Check. The FBI Check does not need to be repeated.

*Vehicle Safety Check* - DCFS will check the driving record (violation points) for each prospective foster parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.

### PRE-SERVICE TRAINING

Foster parents must also complete the Division's pre-service training curriculum which includes 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child in their home. Central Registry and State Police Criminal Background checks must be cleared and the FBI Criminal Background Check must have been submitted before a prospective foster parent can begin pre-service training. Foster

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parents must also complete CPR and Standard First Aid Training and receive certification in both areas prior to placement of a child in their home.

### HOME STUDY

The home study (a component of the overall home assessment) assists in determining if a family is ready, willing, and able to become a suitable and safe placement resource for a child. At least two home study visits must be conducted in person with the foster parent applicants, including at least one visit to the home. The evaluator shall interview each age-appropriate member of the household.

The home study must evaluate a family's dynamics including but not limited to, motivation for wanting to foster, household composition, housing, safety hazards, income and expenses, health, education, childcare arrangements or plans, child rearing practices, daily schedules, social history, family activities, and support systems, (for more information see PUB-04: Minimum Licensing Standards for Child Welfare Agencies). By learning more about these areas, the home study assists in ascertaining how members of a family function individually and as a unit, and, subsequently, helps inform the conclusions and recommendation as to whether a family should serve as a foster home.

To complete a successful home study, the Division uses the Structured Analysis Family Evaluation (SAFE). SAFE involves a series of interviews guided by questionnaires and then evaluated through the use of the SAFE Psychosocial Inventory, and, finally, summarized in the final home study report. The use of these tools ensures a common evaluation process and promotes uniformity in the home studies across the state.

If at any point throughout the home assessment process a prospective foster home is found to be out of compliance with a licensing standard or a DCFS policy, the non-compliance issue must be addressed. However, if the Resource Worker determines that the non-compliance issue would not endanger the safety or well-being of children placed in a home, an Alternative Compliance or DCFS Policy Waiver may be requested as appropriate. (An alternative compliance is a request for approval from the Child Welfare Agency Review Board to deviate from a minimum licensing standard. A policy waiver is a request to deviate from a DCFS policy or procedure.) If the individual conducting the home study finds an area of non-compliance, he or she must notify the Resource Worker who should then take the appropriate steps as outlined in Appendix 9, to address the non-compliance issue.

The successful completion of all home assessment components as outlined above will allow the Division to assess the quality and capability of foster homes. The home assessment process will also assist prospective foster parents in determining if fostering is appropriate for them and, if so, prepare them for their new role. FOR THE SAKE OF BREVIETY, SOME NONAFFECTED PROCEDURES HAVE BEEN OMITTED.

## PROCEDURE VII-C1: Background Check Processing

08/2011

If the prospective foster family did not attend an Information Meeting, the Resource Worker must provide the family with a Background Check Packet which includes:

- 1) FBI fingerprint card
- 2) CFS-316: Request for Child Maltreatment Central Registry Check
- 3) APS-0001: Authorization for Adult Maltreatment Central Registry
- 4) CFS-341: Certification of Absence of Criminal Record
- 5) CFS-342: State Police Criminal Record Check
- 6) CFS-419: Foster Family Support System Information
- 7) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
- 8) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
- 9) VSP-2: Authorization to Obtain Traffic Violation Record

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### 10) Arkansas State Vehicle Safety Program Manual

The Resource Worker will:

- A. Submit the signed CFS-593, VSP-1, and VSP-2 to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each prospective foster parent, FFSS member, and applicable teenage driver.
  - 1) Copy the front and back of the driver's license.
  - 2) Document on the Provider Household Member Required Checks Information Screen.
  - 3) The county office must receive the results of the Arkansas State Vehicle Safety Program check before the family can be approved for training.
- B. Submit the completed CFS-316: Request for Child Maltreatment Central Registry Check for each household member and FFSS member age 10 years and older, excluding children in foster care. The CFS-316 must be notarized. The Child Maltreatment Central Registry Check shall be repeated every two years.
  - 1) If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member and FFSS member age 10 years or older, in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.
  - 2) Route each completed CFS-316 to the Central Registry Unit.
  - 3) Document on the Provider Household Member Required Checks Information Screen.
  - 4) File a copy of the results in the foster home record. The county office must receive the results of the Child Maltreatment Central Registry Check before the family can be approved for training.
- C. Submit the completed APS-0001 to Adult Protective Services for each household member age 18 years and older, excluding children in foster care. The APS-0001 must be notarized. The person must have no history of true abuse and/or neglect.
  - 1) Route each completed APS-0001 to Adult Protective Services.
  - 2) File a copy of the results in the foster home record. The county office must receive the results of the Adult Maltreatment Central Registry Check before the family can be approved for training.
- D. Use CFS-341: Certification of Absence of Criminal Record to obtain written certification from the foster parents that any household member ages 10-17 does not have a criminal record. File a copy in the foster home record.
- E. Submit the completed CFS-342: State Police Criminal Record Check for each household member and FFSS member age 18 years and older, excluding children in foster care. The CFS-342 must be notarized. The State Police Criminal Record Check must be completed prior to requesting the FBI Criminal Background Check. The State Police Criminal Record Check shall be repeated every two years.
  - 1) Route each completed CFS-342 to the Criminal Records Unit.
  - 2) Document on the Provider Household Member Required Checks Information Screen.
  - 3) File a copy of the results in the foster home record. The county office must receive the results of the Criminal Record Check before the family can be approved for training.
- F. Process an FBI fingerprint-based Criminal Background Check for all foster parent applicants and all members of the prospective foster home who are 18 years of age and older, excluding children in foster care. Encourage the prospective foster parents to submit the FBI Criminal Background Check as early as possible given that processing time may be significant. The FBI fingerprint-based Criminal Background Check must be submitted prior to the family attending training; however, the results are not required before the family can attend training.

There are two options for completing the FBI check:

- 1) Electronic Fingerprint Scanning
  - a. Foster parent applicants do NOT need to fill out an FBI fingerprint card, as a request for electronic scanning will be done via CFS-342.
  - b. The Resource Worker will forward the completed CFS-342 to the Criminal Records Unit.
  - c. The Criminal Records Unit will use the CFS-342 to get a transaction number from the State Police.
  - d. The Criminal Records Unit will forward the transaction number to the Resource Worker.
  - e. The Resource Worker will forward the transaction number to the applicants.

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- f. Applicants must go to an approved Electronic Harvester to have fingerprints scanned. Check with the Resource Worker for the closest location.
  - g. Applicants must pay the electronic harvester fee. If applicants are approved and opened as a foster home, they may request reimbursement. A receipt for the harvester fees and a DHS-1914 must be submitted to the Resource Worker's local financial coordinator for reimbursement processing.
  - h. The Resource Worker will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the foster home record.
- 2) Ink Fingerprint
- a. Foster parent applicants will complete CFS-342 and the FBI fingerprint card with good, unsmudged prints. Take care not to staple through the fingerprints on the FBI fingerprint card.
    - i. If the prints are not readable, the family will have to re-submit. Foster parent applicants may not use an Electronic Harvester if they have already submitted ink fingerprints and the attempt was unsuccessful.
    - ii. If a legible set of fingerprints cannot be obtained after a minimum of two attempts, a name-based FBI check will be conducted instead.
  - b. The Resource Worker will forward the documents to the Criminal Records Unit.
  - c. The Resource Worker will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the foster home record.

## PROCEDURE VII-C2: In-Home Consultation Visit

08/2011

The Resource Worker will:

- A. Within 5 working days after clearances on all required background checks have been received, (FBI checks must have been submitted but not completed) contact the prospective foster family to schedule an in-home consultation visit with them. The in-home consultation visit should take place within two weeks of the scheduling call.
- B. During the in-home consultation visit:
  - 1) Provide all Information Meeting documents (aside from the Background Check Packet which should have already been completed) to the family if they have not yet attended an Information Meeting (see PROCEDURE VII-B4). Families are encouraged to attend an Information Meeting but are not required to do so.
  - 2) Review and complete the CFS-446: In-Home Consultation Visit Report. The completed CFS-446 will serve as the first formal step in the application process.
  - 3) Discuss the standards of approval for foster homes as outlined in PUB-22 and answer any questions the family may have.
  - 4) Inform the prospective foster family that they will not be approved until they meet minimum licensing standards, DCFS policy requirements, and any other qualifications deemed appropriate.
  - 5) Discuss training required prior to approval, including completion of CPR and Standard First Aid training and certification (for specific CPR and First Aid requirements, see PUB-30).
  - 6) Review the Arkansas State Vehicle Safety Program (ASVSP) with the family and have them complete the following forms, if they have not already done so:
    - a. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers.  
Teenage drivers in the home will be subjected to the ASVSP and must be licensed if they will be allowed to transport children in foster care who are placed in the home. The result of the teenager's ASVSP report should not impact the decision to approve the home as long as the parents' ASVSP check is favorable. If teenager does not pass the ASVSP report, he or she will not be able to transport children in foster care.
    - b. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
    - c. VSP-2: Authorization to Obtain Traffic Violation Record

## EXCERPT, FOSTER HOME POLICY

- 7) If the Background Check Packet for the members of the Foster Family Support System has not been completed and processed, collect and begin processing the CFS-419: Foster Family Support System Information (one per FFSS member family) and each of the following documents for each appropriate member of each FFSS family (following Procedure VII-C1: Background Check Processing):
  - a. CFS-316: Request for Child Maltreatment Central Registry Check
  - b. CFS-342: State Police Criminal Record Check
  - c. CFS-593: Arkansas State Vehicle Safety Program (ASVSP)
  - d. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
  - e. VSP-2: Authorization to Obtain Traffic Violation Record
- 8) Provide the family with the following documents and review/explain as necessary:
  - a. CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification.
  - b. CFS-404: General Medical Report (one for each person residing in the household)
  - c. CFS-409: Foster/Adoptive Family Preference Checklist
  - d. CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water, a septic system, or if the Resource Worker has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that require an inspection by the Health Department.
  - e. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable. If the family will use bottled water (and purified water for bathing if infants or children under the age of 5 will be placed in the home), this must be noted on the CFS-480, signed by the foster parents, and updated annually. Neither a policy waiver nor an alternative compliance is required to accompany CFS-480 if the agreement to use bottled water is noted on this form and signed by the foster parents.
  - f. SAFE Questionnaire I
  - g. PUB-30: Foster Parent Handbook
- 9) Inform the family that three positive confidential references are required.
  - a. Request that the family provide the names and addresses of three references.
  - b. Mail the SAFE Reference Letter Templates and the SASE envelope (to either their area MidSOUTH Training Academy c/o Foster Parent Program or contract provider, as appropriate) to each of the references that the family provides. Include a brief cover letter that:
    - i. Introduces the Resource Worker
    - ii. Explains the reason for the SAFE Reference Templates
    - iii. Instructs the reference to mail the completed SAFE Reference Templates using the envelope provided.
    - iv. Informs the reference that they are not to share the completed SAFE Reference Letter with the prospective foster family.
  - c. Inform the prospective foster family that the individual writing the reference letter must mail SAFE Reference Letter directly to the agency listed on the stamped addressed envelope provided. The prospective foster family shall not view the reference letters.
- 10) Begin completing CFS-475A: Initial Checklist for Foster/Adoptive Home Assessment.
- 11) Determine whether the family would be willing to serve as an informal respite home in addition to a regular foster home (see Policy VII-G: Alternate Care).
- 12) If the family is being opened as a provisional foster home, also:
  - a. Complete the CFS-452: Provisional Foster Home Verification with the family.
  - b. Provide a copy of the CFS-452 to the family and file the original in the foster home record.
  - c. Complete the CFS-474: Provisional Foster Home Orientation Checklist with the family.
  - d. Once all signatures are obtained, provide the family with a copy of CFS-474.
  - e. File the original CFS-474 in the foster home record.

Provisional foster parents are not required to complete CFS-409. However, they must complete CFS-363, CFS-404, CFS-455 (if applicable), and CFS-480 (if applicable) prior to the end of the six month provisional period but not necessarily before the relative child is placed in their home.

## EXCERPT, FOSTER HOME POLICY

The Area Director or designee will:

- A. Sign the CFS-474: Provisional Foster Home Orientation Checklist.
- B. Return the signed CFS-474 to the Resource Worker.

### PROCEDURE VII-C4: Pre-Service Training

08/2011

The prospective foster family will:

- A. Complete a minimum of 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation (individually or in a group) prior to placement of a child. All make-up sessions shall also be completed in order for a family to fully complete pre-service training.
- B. Complete CPR and Standard First Aid Training and receive certification in both areas.
- C. Submit the completed SAFE Questionnaire I to their Pre-Service Trainer on the first day of training.
- D. Submit the following completed forms to the Resource Worker before completing Pre-Service Training (do not submit to the Pre-Service Trainer):
  - 1) CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification
  - 2) CFS-404: General Medical Report (one for each member residing in the household)
  - 3) CFS-409: Foster/Adoptive Family Preference Checklist
  - 4) CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water, a septic system, or if the Resource Worker has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that require an inspection by the Health Department.
  - 5) CFS-480: Alternate Compliance of Water Supply Agreement, if applicable.
- E. Ensure that the individuals providing references have mailed their letters to the agency responsible for the home study before completing Pre-Service Training. Each person providing a reference should mail the reference letter directly to the appropriate MidSOUTH Training Academy (c/o Foster Parent Program) or the contract provider agency as appropriate using the pre-stamped, pre-addressed envelope provided (i.e., all reference letters shall remain confidential; prospective foster family shall not handle a completed reference letter).

The Resource Worker will:

- A. Document the CPR Training and First Aid Training Effective and Expiration Dates in the Provider Household Members/Requirements Tab in CHRIS.
- B. File all completed forms in the foster family record (CFS-404; CFS-455, if applicable; CFS-480, if applicable).
- C. Enter prospective foster family preferences (based on their selections on CFS-409) in the Preferences Tab in the Provider Services/Admission Criteria Button.
- D. Attend the last training module and as many other training modules as possible.
- E. Hold the Area or County Orientation Session using the CFS-465: Foster Parent Orientation Checklist to guide the orientation session.

The Area Director or designee will:

- A. Attend the Area or County Orientation Session whenever possible.

### PROCEDURE VII-C6: Final Approval of Foster Homes

08/2011

The Resource Worker will:

## EXCERPT, FOSTER HOME POLICY

- A. Ensure the CFS-475A: Initial Checklist for Foster/Adoptive Home Assessment is completed, that any safeguard measures deemed necessary have been implemented, and that any requested alternative compliances or policy waivers have been approved.
- B. Invite the County Supervisor to accompany them on the final face-to-face visit with the prospective foster parents and final visual inspection of the home.
- C. Conduct a final face-to-face visit with the prospective foster parents and a final visual inspection of the home (preferably with the County Supervisor).
- D. Provide the family with an Approval Packet.
- E. Review the Approval Packet content with the foster parents. The Approval Packet will include:
  - 1) Stamped envelopes addressed to the appropriate county office
  - 2) Examples of the completion of travel documentation that must be submitted monthly
  - 3) Copy of the Code of Ethics
  - 4) Copy of the Arkansas Practice Model
  - 5) CFS-381: Training Record Log
  - 6) Medication Log
  - 7) Child Inventory Log
  - 8) Fire Drill Log
  - 9) CFS-352: Medical, Dental, Vision, Hearing and Psychological Episodic Visits
  - 10) After hours contact sheet
  - 11) Foster Care Board Sheet
  - 12) Appropriate Foster Parent Association contact information
- F. Complete the CFS-462: Initial Foster Family Agreement with the family.
- G. File the CFS-462: Initial Foster Family Agreement in the foster home record.
- H. Enter a disposition as to the approval/denial of the foster home within three working days of receipt of the Area Director's approval or denial.
  - 1) If the recommendation is approval, then:
    - a. If the orientation has not already taken place, schedule a date for a County or Area Orientation Session for newly approved foster parents.
    - b. Complete Provider Alternate Care Screen in CHRIS if family has determined they are willing to serve as an Informal Respite Home and, using CFS-419, enter all appropriate identified Foster Family Support System Individual Members including information on their cleared background checks (see POLICY VII-G: Alternate Care).
    - c. Enter Begin Date on Availability Status on Provider Service Status Screen and Request Approval on Provider Service Detail Screen in CHRIS.
    - d. If the family has indicated interest and been approved to foster children/youth with specific characteristics, identify the appropriate Disability Willing to Accept selection under the Preferences Tab in the Provider Services/Admission Criteria Button.
    - e. File the approval letter in the foster home record.
  - 2) If the recommendation is denial, then:
    - a. Send a "Letter of Denial" to the applicants who were not approved. See POLICY VII-D: Denial of a Foster Home and document in Provider Contact Information Screen in CHRIS.
    - b. End Date the Foster Family Service on the Provider Services Tab selecting the appropriate Reason for End Date.
    - c. Specify why the home was denied in the comment box on the Provider Services Tab.

The County Supervisor or designee is encouraged to:

- A. Participate in the final face-to-face visit with the prospective foster parents and final visual inspection of the home with the Resource Worker.

The Area Director or designee will:

- A. If appropriate, approve the Resource Worker's Request for Approval in Provider Service Detail Screen in CHRIS to finalize the approval of the Foster Family. Upon approval, CHRIS automatically provides the Foster Family Approval Letter to be printed, mailed, and filed in the foster home record.

## EXCERPT, FOSTER HOME POLICY

The Resource Worker will:

- A. Develop and maintain a record for each foster home that contains all information and documentation as required by Minimum Licensing Standards and DCFS policy. The foster home record order will include the items listed in Appendix 4: Foster Home Record Order.

### **POLICY VII-E: REEVALUATION OF THE FOSTER HOME**

08/2011

In order to ensure continued quality of all DCFS foster homes, the Division shall reevaluate each foster home's ability to care for children at least annually and whenever there is a major life change. Major life changes include:

- Death or serious illness among the members of the foster family.
- Marriage, separation, or divorce. (See more detailed information concerning foster parents who plan to marry or divorce in procedures below.)
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the foster home.
- The addition of family members (e.g. birth, adoption, aging relative moving in).

The completion and approval of all foster home reevaluations must be documented in CHRIS. If a foster home reevaluation is not completed and documented annually in CHRIS, any IV-E eligible child placed in the home will lose IV-E eligible claimability until the reevaluation of the family is completed and documented.

In addition to continuing to meet all Minimum Licensing Standards and DCFS Policy requirements as they relate to foster homes, foster parents must also complete a minimum of 15 hours of Division-sponsored or Division-approved in-service training annually after the first year of service. No more than 5 hours of videos, TV programs, books, or online courses for each foster parent will be accepted per year and must have prior approval by the Area Director or designee. Foster parents must also maintain current CPR certification and Standard First Aid training. Maintenance of CPR certification and First Aid training is in addition to the fifteen hours of continuing education and, therefore, cannot be counted as part of the annual 15 hour continuing education requirement.

Foster parents must complete their annual in-service training requirements before any additional children in care are placed in their home, unless an exception is granted. Foster parents who do not meet the in-service training requirements will be notified that they must complete the in-service training requirements within 60 days. No additional children will be placed in the home during this 60 day period.

If the foster parents' annual in-service training requirements are more than 60 calendar days overdue, then a reevaluation will also be required unless an extension to meet in-service training requirements has been granted by the Area Director. Extensions should be the exception and not the rule.

### **PROCEDURE VII-E1: Quarterly Monitoring of Foster Home**

08/2011

The Resource Worker will:

- A. Monitor approved foster homes through quarterly visits to ensure compliance with Minimum Licensing and Division standards.
- B. Complete CFS-475B Quarterly Monitoring Checklist for Foster Home to document completion of each quarterly monitoring visit.

## EXCERPT, FOSTER HOME POLICY

- C. File each completed CFS-475B in the foster home record and document in CHRIS.

### **PROCEDURE VII-E2: Foster Home Reevaluations**

08/2011

The Resource Worker will:

- A. Conduct a reevaluation of the foster home annually and in the case of any major life change.
- B. Complete SAFE Update Tools, CFS-451: Foster Parent Reevaluation and CFS-475C: Reevaluation Checklist for Foster/Pre-Adoptive Home. The completion and approval of all foster home reevaluations must be documented in CHRIS.
- C. Complete/update the Individual Training Needs Assessment (ITNA) with the foster parent.
- D. Submit the completed ITNA to MidSOUTH within 45 working days of completing the reevaluation.
- E. Document in the foster home record that the foster parent(s) have maintained current certification in both CPR and Standard First Aid and document in the Provider Household Members/Requirement Tab in CHRIS.
- F. Update any expired State Police Criminal Record Checks and Central Registry Checks for each member of the household or members of the FFSS and document in the Provider Household Members/Requirement Tab in CHRIS.
- G. Enter the foster parents' hours of in-service training on the Training Screen in CHRIS.
- H. Request an exception for any foster parent whose annual in-service training hours are 60 calendar days overdue, if applicable.
- I. Submit documentation with recommendation to approve or disapprove the home to the Area Director or Designee.
- J. Complete the Provider Reevaluation Screen in CHRIS and Request Approval for Area Director's review and approval.

The Area Director will:

- A. Review the SAFE Update Tools, CFS-451, CFS-475C and Resource Worker recommendation to approve or deny the home.
- B. Approve the Resource Worker's Request for Approval on the Provider Reevaluation Screen in CHRIS.

When an exception to the in-service training requirements is requested, the Area Director will:

- A. Receive the request for extension to in-service training requirements.
- B. Review the quality of care provided by the foster family and the reasons for overdue training.
- C. Determine whether to grant an exception to the in-service training requirement for up to 60 calendar days.

### **PROCEDURE VII-E3: Married Foster Parents Who Plan to Divorce**

08/2011

When approved foster parents, who currently have children placed in their home, plan to divorce, the Resource Worker will:

- A. Conduct a reevaluation on the foster parent who has elected to continue the role of care provider using the SAFE Update Tools, CFS-451 and CFS-475C.
- B. Determine if the foster parent still meets all other licensing standards.
  - 1) If the home continues to comply with all standards, an alternative compliance is not needed.
  - 2) If the home is out of compliance or does not meet other DCFS policies designed to ensure the quality of the home, determine if a corrective action plan could bring the home into full compliance and/or maintain the quality of the home.

## EXCERPT, FOSTER HOME POLICY

- 1) If the foster parent agrees to participate in the corrective action plan, the home may remain open and he or she may continue caring for the child(ren) currently placed in the home.
- 2) The corrective action plan must be completed successfully within 60 days.
- 3) If a corrective action plan is not feasible, the case may be referred for alternative compliance or a policy waiver request.
- 4) End Date the Household Member who is no longer in the home in the Household Information Tab of the Provider Household Members Screen in CHRIS.
- 5) If both individuals wish to continue as foster parents, a new Provider Screen must be initiated for the parent who will be residing at a new address.

CLEAN

## **POLICY VII-F: FOSTER HOME REOPENING**

07/2011

In order to secure the best placement for each child in foster care, the Division seeks to maintain a large pool of quality foster homes. For this reason, the Division will consider reopening foster homes when situations arise where foster parents who previously self-elected to close their home and/or whose home was closed by the Division would like to reopen. Requirements vary depending on how long a foster home has been closed.

### **PROCEDURE VII-F2: Reopening a Foster Home That Has Been Closed More Than One Year but Less Than Two Years**

08/2011

For former foster homes that have been closed for more than one year but less than two years and express interest in reopening, the Resource Worker shall:

- A. Follow the process outlined in POLICY VII-C: FOSTER HOME ASSESSMENT PROCESS and PROCEDURES VII-C1: Background Check Processing, VII-C2: In-Home Consultation Visit, VII-C5: Home Study, and VII-6: Final Approval of Foster Homes.
- B. Ensure that the foster parents have earned 15 hours of continuing education for the year that their home was closed. Time spent during the In-Home Consultation Visit and updating foster parents on new DCFS policy may be counted toward the 15 continuing education hours. Document number of hours spent on the In-Home Consultation Visit and policy updates on the CFS-446: In-Home Consultation Visit Report.
- C. If, based on the Resource Worker's home assessment, the family does not need to complete pre-service training, inform the family that while they are not required to attend pre-service training, they have the option to do so.
- D. If the family elects to attend pre-service training, follow the process outlined in PROCEDURES VII-C3: Initiation of Pre-Service Training and VII-C4: Pre-Service Training.

## **POLICY VIII-G: FOSTER PARENT, PROVISIONAL FOSTER PARENT, AND RELATIVE ADOPTION**

08/2011

The Division supports adoption by a foster parent or provisional foster parent, who has a well established relationship with the child in his or her care and who expresses an interest in adoption, without regard to any racial or ethnic differences if such a placement is in the best interest of the child. The Division also supports adoption by a relative, who is not presently caring for the child and who expresses an interest in adoption if such a placement is in the best interest of the child. Each family and child will be carefully assessed and prepared for adoption. The Division provides pre-placement services for relative adoptions to move children into adoptive families in a timely manner. A child in foster care placed in an adoptive home continues status as a child in foster care until finalization of the adoption and the adoption subsidy is initiated. Prior to the finalization of the adoption, post-placement services are provided and services to preserve adoptive families are offered after the adoption is finalized.

Before placement of a child in the home of the adoptive parent, DCFS will conduct a home study. The purpose of the home study is to evaluate the prospective adoptive parent's ability to meet the child's needs as well as evaluate their compliance with Minimum Licensing Standards and DCFS policy requirements for adoptive homes. If the prospective adoptive home is found to be out of compliance with a licensing standard or a DCFS policy, this non-compliance issue must be addressed. However, if the Adoption Specialist, or the individual conducting the home study, determines that the non-compliance issue would not endanger the safety or well-being of children placed in a home, an alternative compliance or policy waiver may be requested as appropriate. (An alternative compliance is a request for approval from the Child Welfare Agency Review Board to deviate from a minimum licensing standard, while a policy waiver is a request to deviate from a DCFS policy or procedure.) For more information on requesting an alternative compliance or policy waiver, see Appendix 9.

If there is a pending child maltreatment report on the family, the Adoption Specialist will stop proceedings until a determination is made. The investigation is to be reviewed and discussed with the Adoption Supervisor and the Adoption Manager.

Criteria for consideration in determining the appropriateness of adoptive homes include, but are not limited to the following:

*Jurisdiction* - DCFS will participate in the adoption of a minor who is in DHS custody or for whom the Court has retained jurisdiction only if either the person seeking to adopt the child, or the child, is currently a resident of Arkansas.

*Residency Requirements for Adoption in Arkansas* - The family planning to adopt may live in Arkansas or reside out-of-state and have an approved adoption home study from a licensed adoption agency in their state. The family's home study must be on file in the Adoption Services Unit.

Residency to determine jurisdiction over an adoption may be established in accordance with one of the three following sets of criteria:

- A. A child under the age of six months is a resident of Arkansas if:
  - 1) The biological mother resided in Arkansas for more than 4 months prior to the child's birth, and
  - 2) The child was born in Arkansas or in any city which adjoins the state line or is separated only by a navigable river from an Arkansas city which adjoins the state line, and
  - 3) The child remains in this state until the interlocutory decree has been entered. Or in the case of a nonresident adoptive family, upon receipt of ICPC approval, the child and the prospective adoptive parents may go back to their state of residence and subsequently may return to Arkansas for a hearing on the petition for adoption.

- B. A child over the age of six months is a resident of Arkansas if that child:
  - 1) Has resided in this state for at least six months, and
  - 2) Currently resides in Arkansas, and
  - 3) Is present in this state when the petition for adoption is filed and heard by a court of competent jurisdiction.
- C. A person seeking to adopt is a resident of Arkansas if that person:
  - 1) Occupies a dwelling within the state, and
  - 2) Has a present intent to remain within the state for a period of time, and
  - 3) Manifests the genuineness of that intent through an ongoing physical presence within the state together with indications that the person's presence is not merely transitory in nature.

**Age**

- A. Applicant is at least 21 years old.
- B. Applicant is a primary caregiver that is at an age so that it can be anticipated that the caregiver can actively parent the child into adulthood. This assessment will be made by the Adoption Specialist when determining what is in the best interests of the child(ren) to be adopted.
- C. Generally, at least a 10-year age difference and no more than a 45-year age difference between the child and adoptive applicant is preferred.

**Relationship Stability -**

- A. In a two-parent home, each person shall be joint applicants and each person shall actively participate in the approval process. The couple shall demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:
  - Death or serious illness among family members
  - Marriage, separation, divorce, or other significant changes in the couple's relationship
  - Addition of household members (e.g., birth, adoption, aging relative moving in)
  - Loss of or change in employment
- B. Marriages and divorces will be verified. Applicants must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.
- C. In a single parent home, the major life changes listed above shall also be considered when assessing the person's ability to be an effective foster parent.

A foster home may not house or admit any roomer or boarder. A roomer or boarder is:

- A. a person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and,
- B. not a household member.

A household member is a resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

**General Physical and Mental Health -** Members of the household must not have a health condition or disability that would interfere with the family's ability to parent the child. Each member of the household shall have a physical examination by a physician within six months prior to the approval of the adoption home study on the prospective adoptive family, and annually thereafter until placement of a child.

### ***Housing***

- A. Space must be adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms must be maintained in a secure, locked location separate from ammunition.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.
- D. Children of opposite sexes shall have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water must be provided by public water system or approved annually by the Department of Health (this includes septic systems).

### ***Central Registry Checks***

- A. Each member of the household 10 years of age and older, excluding children in foster care, must agree to a Child Maltreatment Central Registry Check in his or her state of residence and any state of residence in which the person has lived for the past six years, and in the person's state of employment, if different. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued. The person must have no history of true abuse and/or neglect.
- B. Each member of the household 10 years of age and older, excluding children in foster care, residing out of state shall have a Child Maltreatment Central Registry Check, if available, in their state. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued.
- C. Each member of the household age 18 years and older, excluding children in foster care, must be cleared through the Arkansas Adult Maltreatment Central Registry. The Arkansas Adult Maltreatment Central Registry check shall be repeated annually thereafter until the adoption decree is issued.

### ***Criminal Background Checks***

- A. Each member of the household 18 years of age and older, excluding children in foster care, must agree to an Arkansas State Police Criminal Record Check. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued.
- B. Out-of-state adoptive families do not need to do an Arkansas State Police Criminal Record Check if they have never resided in Arkansas. Adoptive parents and each member of the household 18 years of age and older, excluding children in foster care, residing out of the state shall provide state police criminal record checks from their state of residence. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued.
- C. Each member of the household 18 years of age and older, excluding children in foster care, must agree to a fingerprint-based FBI criminal background check. These checks must be made prior to approval and need not be repeated. If a legible set of fingerprints cannot be obtained after a minimum of two attempts, a name-based FBI check will be used instead.

Any individual who has pleaded guilty or nolo contendere to, or has been found guilty of any of the following offenses is permanently disqualified from being an adoptive parent per ACA § 9-28-409: capital murder, murder in the first or second degree, kidnapping, rape, sexual assault in the first or second degree, endangering the welfare of a minor in the first or second degree, incest, arson, endangering the welfare of an incompetent person in the first degree, and adult abuse that constitutes a felony.

No child in DHS custody shall be placed in a home where a records check reveals a felony conviction for child abuse or neglect, spousal abuse, domestic battery, a crime against children including child pornography, or a crime involving violence, including rape, sexual assault or homicide. No child in DHS custody shall be placed in a home where a records check reveals a criminal conviction for physical assault, battery, or a drug related offense, if the offense was committed within the past five years.

A prospective adoptive parent may request an alternative compliance for the following offenses: false imprisonment in the first or second degrees, permanent detention or restraint, battery in the 1st, 2nd or 3rd degree, aggravated assault, assault in the 1st or 2nd degree, terroristic threatening in the 1st or 2nd degree, contributing to the delinquency of a minor, interference with visitation, interference with custody, engaging in conduct with respect to controlled substances, distribution to minors, public display of obscenity, prostitution, promoting prostitution, criminal attempt, criminal complicity, criminal solicitation, criminal conspiracy, any felony or any misdemeanor involving violence, threatened violence or moral turpitude.

A prospective adoptive parent may request an alternative compliance for a felony conviction for physical assault, battery, or a drug-related offense if the offense was not committed within the past five years.

If an applicant produces evidence that a conviction has been expunged or sealed, this information must be forwarded to OCC for review.

**Resources** - The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without depending solely on state or federal financial assistance (e.g., SNAP, SSI, SSA, etc.) to meet those needs (although such forms of assistance may be used to supplement a family's income). A recent check stub and the previous year's income tax return are required to verify income and employment. While an adoption subsidy may be a resource for a child who meets the eligibility criteria, adoptive parents should have sufficient resources to care for a child even without a subsidy. The adoption subsidy shall not be considered a part of the adoptive family's income.

**Other** – The prospective adoptive family must be willing to meet the child's needs to have continuity with the birth family, if applicable, and if in the child's best interest. The family must also be able to appropriately deal with interference from the child's birth family. Geographic location of the prospective adoptive family should not present any risks for the child to be harmed by the birth family. Additionally if the prospective adoptive family plans to continue as a foster home, they must demonstrate that they will also be able to continue to meet their adoptive child's needs.

**Pre-Service Training**

- A. The applicant must complete pre-service training.
- B. The applicant must be willing to complete any further training in order to meet a child's specific needs.

Before placement for adoption, the Adoption Specialist shall compile and provide a disclosure packet to the prospective adoptive parents, which is a detailed, written, health history and genetic and social history of the child which excludes information which would identify custodial/non-custodial parent(s) or members of a custodial/non-custodial parent(s)' family. The information shall be set forth in a document that is separate from any document containing information identifying the custodial/non-custodial parents or members of the custodial/non-custodial parents' family.

The detailed, written health history and genetic and social history shall be identified as such, and shall be filed with the clerk before the entry of the adoption decree. Upon order of the court for good cause shown, the clerk of the circuit court may tender to a person identified by the court a copy of the detailed, written health history and genetic and social history.

All records of any adoption finalized in the state of Arkansas shall be maintained for 99 years. The Juvenile Division of Circuit Court shall retain jurisdiction to issue orders of adoption, interlocutory or final, when a juvenile is placed outside the state of Arkansas, unless the Court allows for finalization in the receiving state.

When a child in a pre-adoptive placement dies prior to the finalization of the adoption decree, the presumptive adoptive parents may be entitled to an adoption decree and birth certificate for the deceased child.

**If the child's death is a result of abuse or neglect on the part of the pre-adoptive parent(s), the adoption decree will not be finalized through the Division.**

**FOR THE SAKE OF BREVITY, SOME NONAFFECTED PROCEDURES HAVE BEEN OMITTED.**

## **PROCEDURE VIII-G2: Assessment and Preparation**

08/2011

The Family Service Worker will:

- A. Ensure, prior to the permanency planning staffing, that the child's out-of-home placement record is up to date and that all attachments which are required for an adoption packet (see Appendix 2-B) are in the child's record, and are copied and forwarded to the Adoption Specialist within three working days of the permanency planning hearing.
- B. Send additional attachments to the Adoption Specialist once the initial adoption packet is completed in order to maintain current information until a decision is made.
- C. Document in the child's out-of-home placement record, and in CHRIS, the efforts to secure needed attachments and the reason for an attachment not being available.
- D. Provide information requested by the Adoption Specialist in the preparation of the child's adoption summary.
- E. Prepare the child for adoption and assist in preparing the foster parent, provisional foster parent, or relative for adoption.
- F. Assure compliance with the Indian Child Welfare Act, if applicable, by notifying and working with the OCC attorney.

The Adoption Specialist will:

- A. Prepare the child's adoption packet (adoption summary and attachments—see Appendix 2) within 30 days from the permanency planning hearing.
- B. Send a copy of the adoption summary to the Family Service Worker.
- C. Provide the following forms to the foster parent, provisional foster parent, or relative immediately after the staffing that is conducted within ten working days from the hearing that terminates parental rights (if the staffing supports the adoption):
  - 1) CFS-409: Foster/Adoptive Family Preference Checklist
  - 2) CFS-404: General Medical Report for each member of the household
  - 3) CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification
  - 4) CFS-342: State Police Criminal Record Check and an FBI fingerprint-based criminal record check for each member of the household 18 years of age and older, excluding children in foster care.
  - 5) CFS-316: Request for Child Maltreatment Central Registry Check for each member of the household 10 years of age and older, excluding children in foster care, but including any other state of residence in the last six years and any other state where they work or have worked in the last six years
  - 6) APS-0001: Authorization for Adult Maltreatment Central Registry for each household member age 18 years and older, excluding children in foster care.
  - 7) CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water, a septic system, or if the Resource Worker has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that require an inspection by the Health Department.
  - 8) CFS-480: Alternate Compliance of Water Supply Agreement, if applicable. If the family will use bottled water (and purified water for bathing if infants or children under the age of 5 will be placed in the home), this must be noted on the CFS-480, signed by the foster parents, and updated annually. Neither a policy waiver nor an alternative compliance is required to accompany CFS-480 if the agreement to use bottled water is noted on this form and signed by the foster parents.
  - 9) CFS-425: Application for Adoption Subsidy, if applicable

- 10) CFS-426: Statement of Income and Resources for Adoption Subsidy, if applicable
- D. Document the review and assessment of the home on the CFS-446: In-Home Consultation Visit Report.
  - E. Complete the assessment and preparation process with the foster parent, provisional foster parent, or relative.
  - F. Send the adoption home study, recommendations, completed forms, reference letters, child's adoption packet and CFS-414: Change of Status to the Adoption Supervisor within four months of the court hearing that terminates parental rights.
  - G. Make at least two visits in person with the prospective adoptive family with at least one visit being in the home. Have a separate, face-to-face interview with each prospective adoptive parent. Interview each household member in person who is 10 years of age or older.
  - H. Refer a relative who has not been approved as a foster parent or provisional foster parent to pre-service training. Complete the assessment and preparation process with this relative and send the adoption home study, recommendation, completed forms, reference letters, child's adoption packet, and CFS-414 to the Adoption Supervisor within four to six months of the court hearing that terminates parental rights. (There may be extenuating circumstance which could lengthen the time frame, such as availability of pre-service training.)
  - I. In CHRIS, complete the Affidavit of Disclosure screen on the child in the child's protective service case. If Foster Parent Adoption, be sure to check the Foster Parents Adoption checkbox.
  - J. Prepare and present to the foster parent, provisional foster parent, or relative, one non-identifying copy of the child's adoption packet and a complete CFS-471: Disclosure for Adoption during the assessment and preparation process.
  - K. Review and discuss the adoption packet with the foster parent, provisional foster parent, or relative.
  - L. Secure signatures on the CFS-471: Disclosure for Adoption and ensure a copy is provided.
  - M. Assist in preparing the child for adoption and prepare the foster parent, provisional foster parent, or relative for adoption.
  - N. Notify the foster parent, provisional foster parent or relative in writing if the adoption home study cannot be completed within 60 days of the final home visit and explain the reason.
  - O. Send a copy of this notification to the Adoption Supervisor and Family Service Worker.
  - P. Discuss any delays in completing the assessment and preparation process with the Adoption Supervisor and document reasons.
  - Q. Complete the packet to determine eligibility for adoption subsidy, if applicable, during the adoption assessment and preparation process and forward to the Adoption Subsidy Coordinator, Adoption Services Unit.

## **POLICY VIII-H: DEVELOPMENT OF ADOPTIVE HOMES**

08/2011

The Division provides adoption services to recruit, assess, prepare, and retain adoptive families to ensure that adoption, when that is the best permanency option, is timely, well-supported, and lifelong. The services focus on finding families for children rather than finding children for families. Assessment and preparation of prospective adoptive families are completed according to the need for homes for children. The child's health, safety, and well-being shall be of paramount concern in the development of the adoptive placement.

When appropriate, the child's relatives may be pursued as possible adoptive placements even after TPR. Siblings shall be placed together in the same adoptive home. Siblings may be placed separately upon written documentation by a Mental Health Professional that placement of the siblings together would be detrimental to their best interests or is otherwise not possible at the time of placement.

DCFS employees who are related to children in foster care may be approved to adopt their relatives, if they are an appropriate placement. Other DCFS employees may apply to be adoptive parents. Applications will be considered on a case-by-case basis.

In order to ensure quality adoptive homes, DCFS will complete a thorough home assessment for each prospective adoptive family. The home assessment is a mutual selection process that involves several components including, but not limited to, background checks, compliance checks, an in-home consultation visit, pre-service training, a home study, and ongoing consultation between the prospective adoptive parents and Adoption Specialist. Prospective adoptive families are strongly encouraged to attend a local information meeting before the in-home consultation visit but are not required to do so. The purpose of the assessment process is to educate prospective adoptive parents on the characteristics of children waiting for adoptive homes and evaluate the applicants' ability to meet those needs as well as evaluate their compliance with Minimum Licensing Standards and DCFS policy requirements for adoptive homes.

If at any point throughout the home assessment process a prospective adoptive home is found to be out of compliance with a licensing standard or a DCFS policy, this non-compliance issue must be addressed. However, if the Adoption Specialist, or the individual conducting the home study, determines that the non-compliance issue would not endanger the safety or well-being of children placed in the home, an Alternative Compliance or DCFS Policy Waiver may be requested as appropriate. (An alternative compliance is a request for approval from the Child Welfare Agency Review Board to deviate from a minimum licensing standard, while a policy waiver is a request to deviate from a DCFS policy or procedure.) For more information on requesting an Alternative Compliance or DCFS Policy Waiver, see Appendix 9.

If there is a pending child maltreatment report on the family, the Adoption Specialist will stop proceedings until a determination is made. The investigation is to be reviewed and discussed with the Adoption Supervisor.

Criteria for consideration in determining the appropriateness of adoptive homes include, but are not limited to the following:

*Jurisdiction* - DCFS will participate in the adoption of a minor who is in DHS custody or for whom the Court has retained jurisdiction only if either the person seeking to adopt the child, or the child, is currently a resident of Arkansas.

*Residency Requirements for Adoption in Arkansas* - The family planning to adopt may live in Arkansas or reside out-of-state and have an approved adoption home study from a licensed adoption agency in their state. The family's home study must be on file in the Adoption Services Unit.

Residency to determine jurisdiction over an adoption may be established in accordance with one of the three following sets of criteria:

- A. A child under the age of six months is a resident of Arkansas if:
  - 1) The child's biological mother resided in Arkansas for more than four months prior to the child's birth, and
  - 2) The child was born in Arkansas or in any city which adjoins the state line or is separated only by a navigable river from an Arkansas city which adjoins the state line, and
  - 3) The child remains in this state until the interlocutory decree has been entered. Or in the case of a nonresident adoptive family, upon receipt of ICPC approval, the child and the prospective adoptive parents may go back to their state of residence and subsequently may return to Arkansas for a hearing on the petition for adoption.
- B. A child over the age of six months is a resident of Arkansas if that child:
  - 1) Has resided in this state for at least six months, and
  - 2) Currently resides in Arkansas, and
  - 3) Is present in this state when the petition for adoption is filed and heard by a court of competent jurisdiction.
- C. A person seeking to adopt is a resident of Arkansas if that person:
  - 1) Occupies a dwelling within the state, and
  - 2) Has a present intent to remain within the state for a period of time, and
  - 3) Manifests the genuineness of that intent through an ongoing physical presence within the state together with indications that the person's presence is not merely transitory in nature.

**Age - Applicant is:**

- A. At least 21-years-old.
- B. A primary caregiver who is at an age so that it can be anticipated that he or she can parent the child into adulthood. This assessment will be made by the Adoption Specialist when determining what is in the best interests of the child(ren) to be adopted.
- C. Generally, at least a 10-year age difference and no more than a 45-year age difference between the child and adoptive applicant is preferred.

**Relationship Stability -**

- A. In a two-parent home, each person shall be joint applicants and each person shall actively participate in the approval process. The couple shall demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:
  - Death or serious illness among family members
  - Marriage, separation, divorce, or other significant changes in the couple's relationship
  - Addition of household members (e.g., birth, adoption, aging relative moving in)
  - Loss of or change in employment
- B. Marriages and divorces will be verified. Applicants must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.
- C. In a single parent home, the major life changes listed above shall also be considered when assessing the person's ability to be an effective foster parent.

A foster home may not house or admit any roomer or boarder. A roomer or boarder is:

- A. a person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and,
- B. not a household member.

A household member is a resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

*General Physical and Mental Health* - Members of the household must not have a health condition or disability that would interfere with the family's ability to parent the child. Each member of the household shall have a physical examination by a physician within six months prior to the approval of the adoption home study on the prospective adoptive family, and annually thereafter until placement of a child.

#### **Housing**

- A. Space must be adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms must be maintained in a secure, locked location separate from ammunition.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.
- D. Children of opposite sexes must have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water must be provided by public water system or approved annually by the Department of Health (this includes septic systems).

*Resources* - The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without depending solely on state or federal financial assistance (e.g., SNAP, SSI, SSA, etc) to meet those needs (although such forms of assistance may be used to supplement a family's income). A recent check stub and the previous year's income tax return are required to verify income and employment. While an adoption subsidy may be a resource for a child who meets the eligibility criteria, adoptive parents should have sufficient resources to care for a child even without a subsidy. The adoption subsidy shall not be considered a part of the foster family's income.

#### **BACKGROUND CHECKS**

In addition to ensuring that homes meet the basic criteria, the Division shall only place children in approved adoptive homes where the adoptive parents and appropriate members of the household have been cleared through a series of background checks: the Arkansas Child Maltreatment Central Registry, the Arkansas Adult Maltreatment Central Registry, the Arkansas State Police Criminal Record Check and an FBI Criminal Background Check. Any household member who resides in the home for more than 3 cumulative months in a calendar year (e.g. an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for 6 weeks twice a year) must clear all background checks.

*Child Maltreatment Central Registry* - Adoptive parents and all other members of the household age 10 years and older, excluding children in foster care, must be cleared through the Arkansas Child Maltreatment Central Registry. The Arkansas Child Maltreatment Central Registry Check shall be repeated annually thereafter until the adoption decree is issued. If applicable, a Child Maltreatment Central Registry Check shall also be conducted on each household member age 10 years or older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.

*Adult Maltreatment Central Registry* – Adoptive parents and all other members of the household age 18 years and older, excluding children in foster care, must be cleared through the Arkansas Adult Maltreatment Central Registry. The Arkansas Adult Maltreatment Central Registry check shall be repeated annually thereafter until the adoption decree is issued.

*State Police Criminal Record Check* – Adoptive parents and all other members of the household age 18 years and older, excluding children in foster care, must be cleared through a State Police Criminal Record Check. The State Police Criminal Record Check shall be repeated annually thereafter until the adoption decree is issued.

**FBI Criminal Background Check** - Adoptive parents and all members of the foster home who are 18 years of age and older, excluding children in foster care, must also clear an FBI fingerprint-based Criminal Background Check. The FBI Check does not need to be repeated.

**Vehicle Safety Check** - DCFS will check the driving record (violation points) for each prospective adoptive parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.

#### **PRE-SERVICE TRAINING**

Adoptive parents must also complete the Division's pre-service training curriculum which includes 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child in their home. Central Registry and State Police Criminal Background checks must be cleared and the FBI Criminal Background Check must have been submitted before a prospective adoptive parent can begin pre-service training. Adoptive parents must also complete CPR and Standard First Aid Training and receive certification in both areas prior to placement of a child in their home.

Before placement for adoption, the Adoption Specialist shall compile and provide a disclosure packet to the prospective adoptive parents, which is a detailed, written health history and genetic and social history of the child which excludes information which would identify custodial/non-custodial parent(s) or members of a custodial/non-custodial parent(s)'s family. The information shall be set forth in a document that is separate from any document containing information identifying the custodial/non-custodial parent(s) or members of the custodial/non-custodial parent(s)'s family.

The detailed, written health history and genetic and social history shall be identified as such, and shall be filed with the clerk before the entry of the adoption decree. Upon order of the court for good cause shown, the clerk of the circuit court may tender to a person identified by the court a copy of the detailed, written health history and genetic and social history.

The Division provides pre-placement services to move children into adoptive families in a timely manner and post-placement services to help the family adjust. After finalization, services are available to help preserve adoptive families such as respite care, counseling, wraparound services, Intensive Family Services, and the Mutual Consent Voluntary Adoption Registry.

The placement of a child for adoption will not be denied or delayed when an approved family is available outside the jurisdiction responsible for handling the child's case.

The Juvenile Division of Circuit Court shall retain jurisdiction to issue orders of adoption, interlocutory or final, when a juvenile is placed outside the state of Arkansas, unless the Court allows for finalization in the receiving state.

Legal risk adoptive placements may be considered for a newborn that is being relinquished for adoption or for a child whose custodial/non-custodial parent(s) has filed an appeal to the termination of parental rights. Legal risk placements can only be approved by the Adoptions Manager.

The Division shall provide notice of any hearing to be held with respect to a child in Department custody to the child's foster or pre-adoptive parents. (Families are identified as pre-adoptive once a child is placed in the home and prior to finalization of the adoption.) The original petitioner in the juvenile matter shall provide relative caregivers notice of any hearing. The court shall give foster parents, pre-adoptive parents, and relative caregivers the right to be heard in any hearing held with respect to a child in foster care. Foster parents, adoptive parents, and relative caregivers shall not be made a party to a case solely on the basis that they are entitled to notice and the right to be heard.

**FOR THE SAKE OF BREVITY, SOME NONAFFECTED PROCEDURES HAVE BEEN OMITTED.**

## **PROCEDURE VIII-H5: Background Check Processing**

08/2011

If the prospective adoptive family did not attend an Informational Meeting, the Adoption Specialist must provide the family with a Background Check Packet which includes:

- 1) FBI fingerprint card
- 2) CFS-316: Request for Child Maltreatment Central Registry Check
- 3) APS-0001: Authorization for Adult Maltreatment Central Registry
- 4) CFS-341: Certification of Absence of Criminal Record
- 5) CFS-342: State Police Criminal Record Check
- 6) CFS-419: Foster Family Support System Information
- 7) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
- 8) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
- 9) VSP-2: Authorization to Obtain Traffic Violation Record
- 10) Arkansas State Vehicle Safety Program Manual

The Adoption Specialist will:

- A. Submit the signed CFS-593, VSP-1 and VSP-2 to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each prospective adoptive parent, FFSS member, and applicable teenage driver.
  - 1) Copy the front and back of the driver's license.
  - 2) Document in CHRIS.
  - 3) The county office must receive the results of the Arkansas State Vehicle Safety Program check before the family can be approved for training.
- B. Submit the completed CFS-316: Request for Child Maltreatment Central Registry Check for each household member and FFSS member age 10 years and older, excluding children in foster care. The CFS-316 must be notarized. The Child Maltreatment Central Registry Check shall be repeated annually thereafter until the adoption decree has been issued. The person must have no history of true abuse and/or neglect.
  - 1) If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member and FFSS member age 10 years and older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.
  - 2) Route each completed CFS-316 to the Central Registry Unit.
  - 3) Document on the Provider Household Member Required Checks Information Screen.
  - 4) File a copy of the results in the adoptive family file. The county office must receive the results of the Child Maltreatment Central Registry Check before the family can be approved for training.
- C. Submit the completed APS-0001: Authorization for Adult Maltreatment Central Registry for each household member age 18 years and older, excluding children in foster care. The APS-0001 must be notarized. The Adult Maltreatment Central Registry Check shall be repeated annually thereafter until the adoption decree has been issued. The person must have no history of true abuse and/or neglect.
  - 1) Route each completed APS-0001 to Adult Protective Services.
  - 2) File a copy of the results in the adoptive family file. The county office must receive the results of the Adult Maltreatment Central Registry Check before the family can be approved for training.
- D. Use CFS-341: Certification of Absence of Criminal Record to obtain written certification from the prospective adoptive parent(s) that any household members aged 10-17 do not have a criminal record. File a copy in the adoptive family file.
- E. Submit the completed CFS-342: State Police Criminal Record Check for each household member and FFSS member age 18 years and older, excluding children in foster care. The CFS-342 must be notarized. The State Police Criminal Record Check must be completed prior to requesting the FBI Criminal Background

- 1) Route each completed CFS-342 to the Criminal Records Unit.
  - 2) Document on the Provider Household Member Required Checks Information Screen.
  - 3) File a copy of the results in the adoptive family file. The county office must receive the results of the Criminal Record Check before the family can be approved for training.
- F. Out-of-state adoptive families do not need to do an Arkansas State Police Check if they have never resided in Arkansas. Adoptive parents and each household member age 18 years and older, excluding children in foster care, residing out-of-state shall provide state police criminal record checks from their state of residence. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued.
- G. Process an FBI fingerprint-based Criminal Background Check for each household member age 18 years of age and older, excluding children in foster care. Encourage the adoptive applicants to submit the FBI Criminal Background Check as early as possible given that processing time may be significant. The FBI fingerprint-based Criminal Background Check must be submitted prior to the family attending training; however, the results are not required before the family can attend training.
- There are two options for completing the FBI check:
- 1) Electronic Fingerprint Scanning
    - a. Adoptive applicants do NOT need to fill out an FBI fingerprint card. A request for electronic scanning will be done via CFS-342.
    - b. The Adoption Specialist will forward the completed CFS-342 to the Criminal Records Unit.
    - c. The Criminal Records Unit will use the CFS-342 to get a transaction number from the State Police.
    - d. The Criminal Records Unit will forward the transaction number to the Adoption Specialist.
    - e. The Adoption Specialist will forward the transaction number to the applicants.
    - f. Applicants must go to an approved Electronic Harvester to have fingerprints scanned. Check with the Adoption Specialist for the closest location.
    - a. Applicants must pay the electronic harvester fee. If applicants are approved and opened as a foster/pre-adoptive home, they may request reimbursement. A receipt for the harvester fees and a DHS-1914 must be submitted to the Resource Worker's local financial coordinator for reimbursement processing.
    - g. The Adoption Specialist will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the adoptive family file.
  - 2) Ink Fingerprint
    - a. Adoptive applicants will complete CFS-342 and the FBI fingerprint card with good, unsmudged prints. Take care not to staple through the fingerprints on the FBI fingerprint card.
      - i. If the prints are not readable, the family will have to re-submit. Adoptive applicants may not use an Electronic Harvester if they have already submitted ink fingerprints and the attempt was unsuccessful.
      - ii. If a legible set of fingerprints cannot be obtained after a minimum of two attempts, a name-based FBI check will be conducted instead.
    - b. The Adoption Specialist will forward the documents to the Criminal Records Unit.
    - c. The Adoption Specialist will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the adoptive family file.

## **PROCEDURE VIII-H6: In-Home Consultation Visit**

08/2011

All adoptive applicants must participate in an In-Home Consultation Visit in order to begin the assessment process. While prospective adoptive parents are strongly encouraged to attend an information meeting before the In-Home Consultation Visit, they are not required to do so.

The Adoption Specialist will:

- A. Within 5 working days after clearances on all required background checks have been received (FBI checks must have been submitted but not necessarily completed.), contact the prospective adoptive family to schedule an in-home consultation visit with them. The in-home consultation visit should take place within two weeks of the scheduling call.
- B. During the In-Home Consultation Visit:
  - 1) Provide all Information Meeting documents (aside from the Background Check Packet which should have already been completed) to the family if they have not yet attended the Information Meeting (see PROCEDURE VIII-H4). Families are encouraged to attend Information Meetings but are not required to do so.
  - 2) Review and complete the CFS-446: In-Home Consultation Visit Report. The completed CFS-446 will serve as the first formal step in the application process.
  - 3) Discuss the standards of approval for adoptive homes as outlined in PUB-22 and answer any questions the family may have.
  - 4) Inform the prospective adoptive family that they will not be approved until they meet minimum licensing standards, DCFS policy requirements, and any other qualifications deemed appropriate.
  - 5) Discuss training requirements required prior to approval, including completion of CPR and Standard (not Basic) First Aid training and certification.
  - 6) Ask the adoptive applicant to complete a photograph album.
  - 7) Review the Arkansas State Vehicle Safety Program (ASVSP) with the family and have them complete the following forms, if they have not already done so:
    - a. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers.  
Teenage drivers in the home will be subjected to the ASVSP and must be licensed if they will be allowed to transport children in foster care who are placed in the home. The result of the teenager's ASVSP report should not impact the decision to approve the home as long as the parents' ASVSP check is favorable. If teenager does not pass the ASVSP report, he or she will not be able to transport children during the pre-adoptive placement.
    - b. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
    - c. VSP-2: Authorization to Obtain Traffic Violation Record
  - 8) If the Background Check Packet for the members of the Foster Family Support System (needed for pre-adoptive placements) has not been completed and processed, collect and begin processing the CFS-419: Foster Family Support System Information (one for each FFSS family) and for each appropriate member of each FFSS family (following Procedure VIII-H5: Background Check Processing):
    - a. CFS-316: Request for Child Maltreatment Central Registry Check
    - b. CFS-342: State Police Criminal Record Check
    - c. CFS-593: Arkansas State Vehicle Safety Program (ASVSP)
    - d. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
    - e. VSP-2: Authorization to Obtain Traffic Violation Record
  - 9) Provide the family with the following documents for them to complete and review as necessary:
    - a. CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification
    - b. CFS-404: General Medical Report (one for each person residing in the household)
    - c. CFS-409: Foster/Adoptive Family Preference Checklist
    - d. CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water, a septic system, or if the Adoption Specialist has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that requires an inspection by the Health Department.
    - e. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable. If the family will use bottled water (and purified water for bathing if infants or children under the age of 5 will be placed in the home), this must be noted on the CFS-480, signed by the foster parents, and updated annually. Neither a policy waiver nor an alternative compliance is required to accompany CFS-480 if the agreement to use bottled water is noted on this form and signed by the foster parents.SAFE Questionnaire I

- 10) Inform the family that three positive confidential reference letters are required.
    - a. Request that the family provide the names and addresses of three references.
    - b. Mail the SAFE Reference Letter Templates and the SASE envelope (to either their area MidSOUTH Training Academy or contract/CALL provider, as appropriate) to each of the references that the family provides. Include a brief cover letter that:
      - i. Introduces the Adoption Specialist
      - ii. Explains the reason for the SAFE Reference Templates
      - iii. Instructs the reference to mail the completed SAFE Reference Templates using the envelope provided.
      - iv. Informs the reference that they are not to share the completed SAFE Reference Letter with the prospective adoptive family.
    - c. Inform the family that the individual writing the reference letter must mail the SAFE Reference Letter directly to the agency listed on the stamped addressed envelope provided. The prospective adoptive family shall not view the reference letter.
  - 11) Determine whether the family would be willing to serve as an informal respite home (see POLICY VII-G: Alternate Care).
  - 12) Begin completing the CFS-475A: Initial Checklist for Foster/Adoptive Home Assessment.
- C. Require a professional assessment of an applicant's ability to parent, if needed. It may be necessary for the adoptive applicant to pay for the assessment.

## **PROCEDURE VIII-H8: Pre-Service Training**

08/2011

The prospective adoptive family will:

- A. Complete a minimum of 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child. All make-up sessions shall also be completed in order for a family to fully complete pre-service training.
- B. Complete CPR and First Aid Training and receive certification in both areas.
- C. Submit the completed SAFE Questionnaire I to their Pre-Service Trainer on the first day of training.
- D. Submit the following forms to the Adoption Specialist (not to the Pre-Service Trainer) before completing Pre-Service Training:
  - 1) CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification
  - 2) CFS-404: General Medical Report (one for each member residing in the household)
  - 3) CFS-409: Foster/Adoptive Family Preference Checklist
  - 4) CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water, a septic system, or if the Adoption Specialist has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that requires an inspection by the Health Department.
  - 5) CFS-480: Alternate Compliance of Water Supply Agreement, if applicable
- E. Ensure that the individuals providing references have mailed them to the appropriate MidSOUTH Training Academy (c/o Foster Parent Program) or the contract provider agency listed on the pre-stamped, pre-addressed envelope before completing Pre-Service Training. (i.e., all reference letters shall remain confidential; prospective adoptive family shall not handle a completed reference letter).

The Adoption Specialist will:

- A. Attend the last training module and as many other training modules as possible.
- B. Assist with the Area or County Orientation Session.
- C. Document the CPR Training and First Aid Training Effective and Expiration Dates in the Provider Household Members/Requirements Tab in CHRIS.
- D. Enter the CFS-409 responses in the Provider Adoption Characteristics Tab in CHRIS. If a family determines they would like to make revisions to CFS-409 during the pre-service training period, they may submit a revised CFS-409 to the Adoption Specialist who will enter the requested changes into CHRIS.

- E. File the completed CFS-363, CFS-404, CFS-409, CFS-455 (if applicable), CFS-480 (if applicable) in the adoptive family file.

## **PROCEDURE VIII-H11: Reevaluation of Approved Adoptive Applicant's Record**

07/2011

A child in foster care placed in an approved adoptive home (Pre-Adoptive Service) continues status as a child in foster care until finalization of the adoption. The adoptive home (Pre-Adoptive Home Service) must be reevaluated annually until the adoption is finalized. Additionally, the adoptive home must be reevaluated if the approved applicant(s) experiences any major life changes such as:

- Death or serious illness among the members of the adoptive family.
- Marriage, separation, or divorce.
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the adoptive home.
- The addition of family members (e.g. birth, adoption, aging relative moving in).

The Adoption Specialist will reevaluate the family prior to placement of the child. The Adoption Specialist will not wait for the annual reevaluation. An additional visual inspection of the home is required if there has been a change of residence. Completion of new forms (listed below) will be necessary depending on the type of change.

If an approved applicant has not had a child placed within one year, or a child has been placed and the adoption has not been finalized, or the adoptive family has experienced a major life change, the Adoption Specialist will:

- A. Visit the home and ascertain changes in the situation and assess the family's continued interest in adoption.
- B. Use the CFS-475C: Reevaluation Checklist for Foster/Pre-Adoptive Home and SAFE Update Tools to update the narrative summary and record annually from the date in the approval letter until a child is placed and the adoption is finalized.
- C. Complete/update the Individual Training Needs Assessment (ITNA) with the parent.
- D. Submit the completed ITNA to MidSOUTH within 45 working days of the home visit.
- E. Submit within 45 working days from the home visit a packet to the Adoption Supervisor to include:
  - 1) SAFE Update
  - 2) CFS-475C
  - 3) Any background checks that require updating at that time (e.g., CFS-316, CFS-342)
  - 4) CFS-404: General Medical Form Report on each member of the household;
  - 5) CFS-414: Change of Status, if applicable.
- F. Send a copy of the CFS-475C, SAFE Update, all required forms, and written notification of approval to the Adoptions Manager or designee when a reevaluation is approved.
- G. In CHRIS, under the Pre-Adoptive Home Service for the approved adoptive family:
  - 1) Complete the Provider Reevaluation Screen and Request Approval for Adoption Supervisor's review and approval.
  - 2) Complete the Provider Contact Screen on all activities concerning reevaluation process.
  - 3) Update the Provider Resource Household Members Required Checks Tab paying particular attention to the Criminal Record Checks and the Child Maltreatment Central Registry Checks.
  - 4) Update any expired CPR Training and First Aid Training dates.

The Adoption Supervisor will:

- A. Refer to PROCEDURE VIII-H5: Background Check Processing.
- B. In CHRIS, under the Pre-Adoptive Homes Service for the approved adoptive family:
  - 1) Review the Provider Reevaluation Screen and approve the Adoption Specialist's Request for Approval (if appropriate) of adoptive family's reevaluation.

CLEAN

**S T A N D A R D S**  
**OF**  
**A P P R O V A L**  
**FOR**  
**F O S T E R**  
**AND**  
**A D O P T I V E**  
**H O M E S**

**Arkansas Department of Human Services**  
**Division of Children and Family Services**

Our mission is to keep children safe and help families.  
DCFS will respectfully engage families and youth  
and use community-based services and supports  
to assist parents in successfully caring for their children.  
We will focus on the safety, permanency,  
and well-being for all children and youth.

**CARE \* COMMIT \* CONNECT**

**PUB-22**

Revised August 2011

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# STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

## **INTRODUCTION**

The Department of Human Services (DHS), acting through the Division of Children and Family Services (DCFS), serves as the court-appointed legal custodian for children in foster care and has the ultimate responsibility for ensuring that each child has the best possible foster care experience and that appropriate long-term plans are made. DCFS is a licensed Child Welfare Agency and all of its approved foster homes must be in compliance with all licensing requirements and DCFS policies. Foster Home means a private residence of one or more family members that receives from a child placement agency any minor child, juvenile member of a family in need of services, or dependent or dependent-neglected juvenile who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a 24 hour basis, not to include adoptive homes. Although the licensing standards' definition of a foster home does not include adoptive homes, DCFS foster and adoptive homes must meet the same licensing standards to comply with federal funding regulations. While this booklet describes the standards of approval for both foster and adoptive homes, for the sake of brevity, references are only made to foster home, foster parent, etc. rather than foster or adoptive home, foster or adoptive parent, etc.

Foster care is founded on the premise that all children have a right to a safe and supportive environment in which to grow. Foster care is a program designed to provide a safe, stable, family-like placement in a DCFS approved foster home, provisional foster home, or licensed facility for a child who needs care temporarily, because the birth/legal family is unable to ensure the health and safety of the child due to social, emotional, economic, and/or physical reasons. The purpose of foster care is to provide a healthy home and community experience for the child while the conditions which caused the placement away from the birth/legal family are being resolved. Thus, foster care is intended to be temporary. The length of a child's stay in foster care will depend a great deal on the conditions which caused the placement and the time and the resources available to resolve them. The foster home placement should be the least restrictive, most family-like setting consistent with the child's special needs. It should be in close proximity (within 50 miles) to the child's parent/legal guardian.

DCFS, the foster parents and all other involved parties will work toward achieving permanency for the child, preferably, by reunifying the child with the birth/legal parents. Persons wanting to adopt a child should not regard foster parenting as an alternative to adoption.

## **TYPES OF FOSTER HOMES**

### **Regular Foster Homes**

Regular foster homes are ones in which the foster parents agree to provide 24 hour care for a particular child in foster care. DCFS signs an agreement with foster parents that the family will care for the child as a family member until such a time as a permanent plan can be developed and implemented for that child. The foster parents will be given pertinent information about the child in foster care. This includes reasons for placement, circumstances for removal from the parent's home, where siblings are placed, a copy of the case plan and family visit plan. They will be kept informed concerning plans for the child's future. In many instances it will be appropriate for foster parents to reach out to the birth/legal parents. However, contact with the birth/legal parents must be approved by the court.

DCFS will evaluate applicants based on their personal qualifications as well as the physical characteristics of their home to determine special qualifications of the prospective foster family. Evaluation is considered with regard to special training and expertise, experience, and preference as to the numbers, ages, sex and characteristics of children who may be placed in the home.

Regular foster homes may also elect to serve as informal respite homes. An informal respite home is an approved DCFS foster home that can provide temporary care (no more than 7 continuous days at one time) for children in out-of-home placements when the children's full-time foster family is unable to do so and a member of the foster family's support system cannot assist.

### **Provisional Foster Homes**

In an effort to preserve family connections and expedite placement of children, the Division may place a child in foster care with a relative if one has been identified and is appropriate. Relative means a person within the fifth degree of kinship to the child by virtue of blood, adoption, or marriage. This type of placement is classified as a Provisional Foster Home. The purpose of opening a provisional foster home is to enable DCFS to make a quick placement for a child with a relative with whom a

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

bond already exists. Provisional foster homes must meet certain requirements, which include an expedited Child Maltreatment Central Registry check, an expedited State Police Criminal Record check, a vehicle safety check, and a visual inspection of the home to verify that the relative and the home meet standards.

Once opened as a provisional foster home, DCFS staff works with the provisional foster parents in that home to bring them into full compliance within 6 months. Provisional foster homes that are not in full compliance at the end of 6 months must be closed and the children removed or the relative must have been granted permanent custody by the court. Provisional foster homes will not be paid a board payment until the relative meets all of the licensing requirements and DCFS standards, and is reclassified as a regular foster home.

Children in foster care are in DHS custody and, therefore, must remain in licensed or approved foster homes, shelters, or facilities until a relative's home is opened as a provisional home, regular foster home, or the court grants custody to the relative or other person after a written, approved home study is presented to the court.

### **APPROVAL OF FOSTER HOMES**

The Division is responsible for selecting an appropriate foster home placement for each child who enters foster care. The home must meet foster home standards and the individual child's needs for the duration of placement. In order to have an appropriate foster home for each child in foster care, to minimize the risks involved in placement of a child in foster care, and to ensure that the child in foster care will not be moved from one foster home to another, it is necessary to select families on the basis of careful assessment. The purpose of the assessment process is to:

- evaluate the applicants' personal qualifications and physical requirements of the home outlined in this publication;
- educate prospective foster parents on the characteristics of children in foster care;
- evaluate their ability to meet those needs; and,
- evaluate the applicants' compliance with the Minimum Licensing Standards and DCFS policy requirements for foster homes.

The home assessment is a mutual selection process. It involves several components including, but not limited to, background checks, an in-home consultation visit, 30 hours of pre-service training, CPR and Standard First Aid training (no placements can be made in the foster home until the foster parents have obtained CPR and First Aid certification), a home study, and ongoing consultation with the prospective foster parents to ensure that all appropriate criteria related to both compliance and quality are met. Prospective foster parents, with the exception of provisional foster parents, are highly encouraged to attend an Information Meeting before the in-home consultation visit. Throughout the process the families should ask themselves if they truly believe they can provide the physical and emotional care that is necessary to support children during their time in foster care.

At least one parent in the foster home must be able to communicate effectively in the language of the child. However, this does not apply to foster parents for infants or short-term emergency placements. It is necessary to improve the skills of existing foster parents through on-going training and supervision following pre-service training. Foster parents are required to earn 15 hours of continuing education each year.

### **STANDARDS OF APPROVAL**

Standards of approval include minimum licensing standards as well as DCFS policy requirements. Foster home standards are based on the personal qualifications of applicants and household members as well as the physical standards of their home. Families must continue to meet the standards for the duration of their service as a foster home.

### **PERSONAL QUALIFICATIONS OF APPLICANTS & HOUSEHOLD MEMBERS**

In a two-parent home, each person will be joint applicants and each will actively participate in the approval process. This joint family commitment will be reevaluated annually.

**Personal characteristics:** Applicants must have the personal characteristics which enable them to assume the responsibility of caring for children in foster care. These personal characteristics include:

- 1) The capacity to love and care for children and respond to children's needs;

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- 2) The capacity and willingness to give love, affection, and care to a child without expecting the child to return this love and affection;
- 3) The willingness to allow for socialization of the child in foster care with his/her peers;
- 4) Flexibility in their expectations, attitudes, and behavior in relation to meeting the needs of children;
- 5) Ethical standards and values which are conducive to the well-being of children;
- 6) The ability to accept a child's background without passing moral judgment on the child or the child's birth/legal family;
- 7) The ability to accept and strengthen a child's relationship with his or her birth/legal family;
- 8) The ability and willingness to accept, understand, and utilize training, guidance and supervision from the child-placing agency or other professional people in order to meet the needs of children in care and their families of origin;
- 9) Emotional stability, including a satisfactory method of handling angry feelings;
- 10) Satisfactory and stable adult relationships, which may or may not include a partner, but does include satisfactory, meaningful, and supportive relationships with several relatives and/or friends;
- 11) The ability to function adequately in their chosen life style; i.e., ability to enjoy and accept the responsibility of their job, their family life, their friends, and their personal lives;
- 12) An acceptance of their own childhood experiences;
- 13) An absence of any qualities which indicate that they could abuse children;
- 14) The capacity to absorb the presence of a child in care without undue disruption to their own family life; the ability to cope with the departure of the child in foster care; and
- 15) The maturity to exercise good judgment and appropriate use of authority, along with the youthful qualities of vitality and flexibility which are necessary to care for children.

**Age:** Applicants must be age 21 or older. Applicants will not be approved as a foster home if one or both applicants are under the age of 21. A policy waiver must be obtained if one or both applicants are younger than age 21 (which may only be approved in rare circumstances for provisional homes) or age 65 or older or when one or both foster parents of a currently opened foster home reaches age 65.

**Health:** Applicants must provide the Division with the health history of each household member. This history will include physical and mental health services and treatment received. A physical examination of each household member is required prior to approval. Documentation will be via the CFS-404: General Medical Report. The findings of the physical examination must verify that all household members are free of any physical or emotional health conditions which would adversely affect the welfare of a child in foster care. A psychological examination may also be required.

All members of the household older than 12 years must receive an annual skin test for tuberculosis, as long as test results remain negative. A household member with a positive test must provide documentation from a physician every 2 years certifying that he or she is free from communicable tuberculosis.

A physical disability in either applicant that does not interfere with the ability to give adequate care to a child will not be a barrier to approval as a foster parent. The impact of the disability on the individual should be evaluated. This will include how it affects their personality and whether it may have significance to a specific child in foster care.

Approved foster parents must keep the Division informed concerning any changes in their physical or mental health. Annual physical examination documentation by use of the CFS-404 is necessary for all household members. Immunization for all children in a foster home (birth/legal children of the foster family and children in care) must be kept up to date.

**Relationship Stability/Family Composition:** In an effort to provide a high-level of support for children in foster care, two-parent homes are encouraged. Both parents should demonstrate a strong commitment to fostering. The couple must demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:

- Death or serious illness among family members
- Marriage, separation, divorce, or other significant changes in the couple's relationship
- Addition of household members (e.g., birth, adoption, aging relative moving in)

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- Loss of or change in employment

Marriages and divorces will be verified. Applicants must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.

Single parent households are welcome particularly for those children whose need for a two-parent household is not a crucial aspect of the care required. In a single parent home, the major life changes listed above will also be considered when assessing the person's ability to be an effective foster parent.

All foster parents should have a strong support system in order to assist them in their role as foster parents and, in turn, better serve children in foster care. Applicants with professional training, such as nurses, may be desirable for children with special needs. Other adults (grandparents, aunts, etc.) and children who are a part of the household will be assessed regarding how they may be affected by the presence of a child in foster care and also the effect they themselves may have on the child in care.

A foster home may not house or admit any roomer or boarder. A roomer or boarder is:

- A. a person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and,
- B. not a household member.

A household member is a resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Central Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

In situations where an existing single foster parent plans to marry, a reevaluation will be conducted on the family. DCFS staff must ensure that the future spouse is interviewed to discuss his/her compliance with the "Personal Characteristics" as outlined in this publication. The intended spouse must complete and pass all background checks and attend pre-service training. All unmarried foster parents must be advised at their approval orientation to notify the Division as soon as they are aware of any plans to marry so that the application process can be initiated on the intended spouse.

In situations where existing foster parents plan to divorce, a reevaluation will be conducted on the family to determine if the family still meets all other licensing standards to ensure the health and safety of the children placed in the home.

**Maximum Capacity:** Foster homes will have no more than 5 unrelated children in care. The foster home may care for up to 8 children if they are all related to each other. A foster home will have no more than 8 children in their home, including their own children. This includes placement and respite care. Including the foster parents' biological children, the foster home may have no more than 2 children under the age of 2 and no more than 3 children under the age of 6. The sole exception to the above limits will be in those instances in which the placement of a sibling group in a foster home with no other children in the home would exceed the limits.

Eight related children from the same sibling group may be placed together in the same foster home. In this instance, the total number of the foster parent's children who reside in the home will determine the number of children from one sibling group that may be placed together in the home.

For example:

- 0 children of the foster parent and 8 children that are related (to each other)
- 1 child of the foster parent and 7 children that are related (to each other)
- 2 children of the foster parent and 6 children that are related (to each other)
- 3 children of the foster parent and 5 children that are related (to each other) or unrelated

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

In addition, the number of children in a foster home will be determined by the stamina, capacities, and skills of the foster parents, by physical space available for children, and by the foster parents' ability to meet the needs of all children present in the home. At no point will a foster home also serve as a licensed Child Care Facility. There will be no exceptions.

Foster parents must have legal custody or guardianship of any children (other than children in foster care) in the home that are not their birth children or relatives. Foster parents will not keep children for more than one child-placing agency. Foster parents will not provide babysitting or child care services for other children on a regular basis in their home.

Birth/legal children of the prospective foster parents will take part in the foster home assessment. The extent of their involvement will be determined by their age and level of maturity. These children must be in agreement with their parents' decision to become foster parents. Their agreement must be reevaluated annually.

**Religion:** Children in foster care will have opportunity for religious, spiritual, and ethical development. Foster parents will respect the religious preferences of children in foster care and their birth/legal family. They must be able to present their own religious beliefs to children in foster care in such a way as to take into consideration the child's own religious background. The foster parents must never force their own religious beliefs on a child in foster care whose religious background differs from their own. Foster parents will arrange transportation to religious services for a child when necessary. However, applicants' lack of a religious affiliation or a religious faith will not be a barrier to their approval as foster parents.

**Education:** The level of formal education attained by the prospective foster parents must be sufficient to allow them to function in their community, in their employment, and in their home. For example: foster parents should be able to follow physician's instructions, read labels on medication, and administer proper dosages of medication. The level of their aspirations for children will correspond with a particular child's ability. Their awareness of local educational facilities is important to children in their care. Foster parents will have a positive attitude toward both academic and vocational education and be willing to meet the child's individual needs.

**Financial Stability:** The family must have sufficient, reliable income to ensure the family's stability and security, without a board payment. Applicants must provide documentation of sufficient financial resources to meet their needs. A copy of their tax return and recent paycheck stubs will be placed in the foster home record. Management of income will be considered more important than amount of income. One should know that the foster care board payment that foster parents receive is strictly to meet the needs of the child placed in their home. Foster parenting is not a way to make money or earn extra income for the foster parents.

**Employment:** Both parents may be employed outside the home, but it is strongly encouraged that one parent remains at home with a child in foster care for as long as necessary after placement to provide security and initial adjustment for the child. Careful consideration will be made before infants and preschool children are placed in a single-parent home or in a home where both foster parents have outside employment. Placing school-age children (to include young children in preschool or day care programs) will also be done on the basis of careful evaluation of what is best for each child. Suitable plans for the care and supervision of children in foster care before and after school, during school holidays and vacations, and when children are ill and absent from school must be made and approved by the Division. Arrangements for a suitable caretaker must be made ahead of time to prevent last minute arrangements that could result in an inappropriate caretaker.

If employment is seasonal, the family must have compensatory income or savings in the off seasons. Demands made on foster parents' time by overtime work, revolving shifts, etc., are considered pertinent to their ability to provide adequate care for a child in foster care.

**Background Checks:** Applicants and all household members 10 years of age and older, excluding children in foster care, must consent to a Child Maltreatment Central Registry Check in all the states in which they have lived in the past 6 years, and in their state of employment, if different. Household members must have no history of true abuse and/or neglect.

Applicants and all household members 18 years of age and older, excluding children in foster care, must consent to an Adult Maltreatment Central Registry Check. The Division will repeat the Child Maltreatment and the Adult Maltreatment Central Registry Checks every two years on all persons required to have the check.

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

An FBI fingerprint-based Criminal Background Check will be conducted on applicants and all household members 18 years of age or older, excluding children in foster care. This check need not be repeated.

Applicants and all household members age 18 or older, excluding children in foster care, must consent to an Arkansas State Police Criminal Record Check. The Division will repeat an Arkansas State Police Criminal Record Check every two years on any person required to have the check. Household members with criminal convictions may, under some circumstances, request an Alternative Compliance. (See section on Alternative Compliance & Policy Waiver Requests.) Foster parent applicants will complete CFS-341 to certify in writing that household members age 10 thru 17 do not have criminal records.

**Vehicle Safety Check:** DCFS will check the driving record (violation points) for each applicant and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.

**Knowledge of Child Growth and Development:** The applicants must have a working knowledge of child growth and development; including knowledge of child care, milestones in development, first aid, and nutrition. Awareness of the emotional needs of children is as important as awareness of the physical needs of children.

Corporal punishment is not allowed in a DCFS foster home. Foster parents are expected to use time-outs, denial of privileges, and explanation of expectations, etc., as disciplinary measures. Additionally, neither a foster parent nor DCFS can give permission to the school to spank a child in foster care.

The care and development of children will be maintained as follows:

### Daily Activities

- 1) Foster parents will provide structure and daily activities designed to promote the individual physical, social, intellectual, spiritual and emotional development of the children in their home.
- 2) Foster parents will cooperate with the Division to help the children in foster care maintain an awareness of their past, a record of the present, and a plan for the future.
- 3) Foster parents will keep a life book for each child in their care that includes periodic photographs of the child and a record of the child's memberships, activities, and participation in extracurricular, school, or church activities.
- 4) Foster parents will ask children in their care to assume work responsibilities reasonable for their age and ability and commensurate with those expected of their own children.

### Clothing and Personal Belongings

- 1) Foster parents will, with the assistance of the Division, provide each child with his/her own clean, well-fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.
- 2) Foster parents will include children in the selection of their own clothing, whenever possible and appropriate.
- 3) Foster parents will allow children to bring their personal belongings to the foster home and acquire additional belongings.
- 4) Foster parents will send all personal clothing and belongings with the children when they leave the foster home.

### Discipline and Control

- 1) Foster parents will train and discipline children with kindness and understanding.
- 2) Foster parents will establish well defined rules which set the expectations and limits of behavior that are relevant to the child's level of growth and development, which are applied in a consistent manner.
- 3) Foster parents will teach and train each child with techniques that stress praise and encouragement; discipline should be positive rather than negative.
- 4) Foster parents will not subject children to verbal abuse, derogatory remarks about the children or their family members, or threats of removal from the foster home.
- 5) Methods of discipline that are unacceptable for use by foster parents with children in foster care include but are not limited to:

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- a. Cruel, severe, or humiliating actions, such as washing mouth with soap, taping or obstructing child's mouth, placing painful or unpleasant tasting substances in mouth, on lips, etc.; placing child in dark areas; any kind of humiliation in public;
- b. Physical punishment inflicted in any manner, such as spanking hitting, pinching, pulling hair, slapping, kicking, twisting arm, forced fixed body positions, etc.;
- c. Denial of meals, clothing, shelter, withholding implementation of the case plan, or any denial of basic rights;
- d. Denial of visits, telephone, or mail contacts with family members;
- e. Assignment of extremely strenuous exercise or work;
- f. Locked isolation of any kind;
- g. Punishment of any kind for poor toilet habits.

### Health Care

- 1) Foster parents will cooperate with the Division in medical and dental care planning for children in their care.
- 2) Foster parents will make medical and dental appointments as needed. Foster parents should accompany the child to the initial health screening and any on-going physical or mental health services provided. If this is not possible, the foster parent will be available by telephone to the person conducting the screening. The foster parent will consult with the health care provider about the child's health care needs.
- 3) Foster parents should be involved in the comprehensive health assessments of the children in their care.
- 4) Foster parents will report any corrective or follow-up medical or dental care the child needs to the Division.
- 5) Foster families must have their own transportation available and will be responsible for arranging transportation for children in foster care to all necessary medical and dental appointments. Area Directors may grant a waiver in situations where provisional foster families have been recruited specifically for a child.

### Education

- 1) Foster parents will enroll each school-age child in an accredited school within 5 school days of placement.
- 2) Foster parents will cooperate with the Division and take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and case plan.
- 3) Foster parents will attend school conferences concerning children in their care and plan with school personnel when there are school problems.
- 4) Foster parents will report serious situations that may require Division involvement to the Division; for example, any situation that may affect the case plan or a situation that puts the child in jeopardy of suspension or expulsion.

### Religious and Ethnic Heritage

- 1) Foster parents will recognize, encourage, and support the religious beliefs, ethnic heritage, and language of children in their care.
- 2) Foster parents will arrange transportation to religious services or ethnic events for a child whose beliefs and practices are different from their own and who wishes to attend such events.
- 3) Foster parents will not coerce children into participation in religious activities or ethnic events against their will.

### Acceptance of Division Regulations

- 1) Foster parents must abide by DCFS policies and accept the Division's supervision.
- 2) Foster parents should strive to provide continuous care for each child placed in their home until such time as a permanent plan is implemented for each child.
- 3) If either the foster parents or the Division decides that a placement is not appropriate, the parties will discuss issues related to the placement and determine what adjustments are needed to provide a more suitable placement for the child.

## **PHYSICAL REQUIREMENTS OF THE HOME**

### **Interior of the Home**

- 1) Interior of the home must be clean and free of physical and health hazards.
- 2) Home must have adequate light, heat, ventilation, and plumbing for safe and comfortable living.

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- 3) Home must have adequate space for privacy, play, and study for all household members. A copy of the current floor plan of the home with room dimensions of all rooms used for sleeping must be filed in the foster home record.
- 4) Home must have sufficient seating for the family to eat together.
- 5) Each child in foster care will be provided adequate space for storing clothing and personal belongings, in or near their bedroom.
- 6) The number of children in foster care placed in a foster home will be limited by the number of persons who can satisfactorily live within the physical limits of the home. Space requirements may be waived on a case-by-case basis for provisional foster homes.
- 7) Heating devices, such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children must be screened or otherwise protected.
- 8) Fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., must be corrected or eliminated.
- 9) Interior halls and doors must not be blocked or cluttered to prevent easy passage or exit.
- 10) All garbage and other wastes must be kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard.
- 11) Home must have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water.
- 12) Cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects must be stored out of reach of children or kept in locked closets or drawers.
- 13) Liquor and other alcoholic beverages must be stored out of reach of children.
- 14) All firearms must be unloaded; maintained in a secure, locked location; and stored separately from ammunition.
- 15) Operational smoke detectors must be located within 10 feet of the kitchen and each bedroom.
- 16) The cooking area must contain an operational chemical fire extinguisher.
- 17) Home must have an operational telephone or working cellular phone that is accessible to all children.
- 18) Emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) must be posted near each telephone.
- 19) All household pets must have proof of current rabies vaccinations. Documentation will be filed in the foster home record.
- 20) Home should have adequate toys that are safe and developmentally appropriate for children who will be placed in the home.

### Sleeping Arrangements

- 1) Children in foster care must sleep in a bedroom, not in a living room, dining room, or any other room where others may pass through.
- 2) Each bedroom must have at least 50 square feet of floor space per occupant.
- 3) Bedrooms must have windows which provide natural light and ventilation.
- 4) Each bedroom used for a child in foster care must have a window to the outside which is capable of serving as an emergency escape.
- 5) Bars, grilles, grates, or other items that block access to a bedroom window are permitted only if they can be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window. In this event, each such bedroom must contain a working smoke detector.
- 6) No more than 4 children will share a bedroom.
- 7) Each child in foster care must be provided a comfortable bed, in good condition.
- 8) Children of the opposite sex will not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child.
- 9) No children will share a bed if either child is 4 years old or older; and any applicable children sharing a bed must be the same sex.
- 10) No child under 6 years of age will occupy a top bunk.
- 11) Children in foster care, except infants less than 2 years of age, will not share a sleeping room with adults. In the case of a grandparent to a child, the age would increase to 4.
- 12) Each child in foster care will be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed.

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

### Exterior of the home

- 1) Home must be accessible to community resources needed by children in foster care.
- 2) Premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), must be free from physical hazards which would endanger the safety of children.
- 3) Yard must be free of dangerous debris, trash, uncovered cisterns, etc.
- 4) Yard must be large enough to provide ample play space for children.
- 5) A fence or barrier must prevent a child's access to a busy street or highway, body of water, or dangerous area.
- 6) If the applicants reside in a manufactured home, the home must be properly installed and stabilized. If the manufactured home is located in a mobile home park, there must be sufficient fenced play space outside.
- 7) Outdoor play equipment must be safe, hazard-free, and properly anchored.
- 8) Home must have at least two exterior doors situated to provide safe exit, or the home must have a written statement from the Fire Department that an alternative escape route is approved. Approval must be filed in the foster home record.

### Transportation

- 1) Applicants must have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities.
- 2) All vehicles owned by the applicants must have liability insurance. Documentation of liability insurance must be filed in the foster home record.
- 3) Any vehicle used to transport children in foster care must be maintained in compliance with Arkansas motor vehicle laws and must be insured.
- 4) Applicants, and anyone else who would transport children in foster care, must have a valid driver's license.
- 5) Children must be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions. Current law requires a child safety seat for children who are age 5 and younger and children who weigh less than 60 pounds. All other children must be restrained by safety belts. Current law prohibits smoking in any motor vehicle in which a child who is less than 14 years of age is a passenger.

### Medication

- 1) All over-the-counter medications must be stored in an area not readily accessible to children, and all prescription medications must be locked.
- 2) Foster parents must be aware of possible side effects of all medications and administer them only in accordance with directions on the label.
- 3) Foster parents must log all medications at the time the medication is administered and the logs must include the following:
  - a. Child's name
  - b. Time and date
  - c. Medication and dosage
  - d. Initials of the person administering the medication
- 4) Age-appropriate children will be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during the times the dose is needed. Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.

**Ownership of Home:** If the applicants do not own the home in which they live, the person who owns the home must verify in writing that he/she has no objections to the applicants caring for children in foster care in the home. This verification will be filed in the foster home record.

**Water Supply:** Home must have a continuous supply of sanitary drinking water. If the source is not a municipal water system, the water must be tested and approved annually by the Arkansas Department of Health. This approval will be kept in the foster home record. If a water supply does not pass inspection, an alternate compliance of the water supply agreement (CFS-480) must be established with the family, approved, and filed in the foster home record. If the family will use bottled water (and purified water for bathing if infants or children under the age of 5 will be placed in the home), this must be noted on the CFS-

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

480, signed by the foster parents, and updated annually. Neither a policy waiver nor an alternative compliance is required to accompany CFS-480 if the agreement to use bottled water is noted on this form and signed by the foster parents.

Home must have a safe sewage disposal system. If the home has a septic system, it must be tested and approved annually by the Arkansas Department of Health and filed in the foster home record.

**Emergency Planning:** Family must have a plan for evacuating the house in the event of a fire and a plan for seeking shelter during a storm or tornado. The escape plan must outline the exits in the home, must be approved, and must be posted within the home. Foster parent must share the evacuation plan with each child and make sure each child understands the procedures at the time he or she is placed in the home. Foster parents will conduct emergency evacuation drills when each new child enters the home and at least quarterly thereafter. All drills will be documented and the documentation placed in the foster home record. This documentation will reflect:

- a. The date and time of the drill;
- b. The persons participating in the drill; and
- c. The length of time needed to clear the home.

**Accessibility of the Home:** The foster home must be accessible throughout the year to fulfill the needs of children in foster care and to ensure access to available education and religious training, recreation, parental visiting, supervision by the Division and medical care. The accessibility of the home will be judged in relation to the applicants' ability to transport children for medical care, etc.

**Neighborhood:** The neighborhood/community in which the foster home is located should be accessible, provide a healthy environment, and be free from health hazards, dangerous objects accessible to children, and incidents of violent crime.

### ALTERNATIVE COMPLIANCE & POLICY WAIVER REQUESTS

DCFS bases its standards of care and character on the Child Welfare Agency Licensing Act (CWALA). If it is believed that an applicant possesses special abilities or circumstances which would make them good foster parents in spite of their inability to meet a standard, the county office may request an approval for an alternative compliance or a policy waiver.

An **alternative compliance** is a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation, provided that the licensee has demonstrated how an alternate plan of compliance will meet or exceed the intent of the regulation. What is proposed as an alternative to compliance with policy or standards will comply with the intent, if not the actual requirement.

Child Welfare Licensing requirements state that any person who is required to have a criminal check under the law and who pleads guilty or nolo contendere to, or is found guilty of any of the offenses listed in the licensing standards unless the conviction is vacated or reversed, shall be presumed to be disqualified to be an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, student intern, or employee in a child welfare agency after the completion of his or her term of confinement, probation, or parole supervision. This presumption may be rebutted in the following manner:

- 1) The applicant must petition the board to make a determination that the applicant does not pose a risk of harm to any person;
- 2) The applicant must bear the burden of making such a showing; and
- 3) The board in its discretion may permit an applicant to be an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, or an employee in a child welfare agency notwithstanding having been convicted of an offense listed upon making a determination that the applicant does not pose a risk of harm to any person served by the facility.

In making this determination, the board will consider the following factors:

- 1) The nature and severity of the crime.
- 2) The consequences of the crime.
- 3) The number and frequency of crimes.

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- 4) The relation between the crime and the health, safety, and welfare of any person, such as:
  - a. The age and vulnerability of victims of the crime.
  - b. The harm suffered by the victim.
  - c. The similarity between the victim and persons served by a child welfare agency.
  - d. The time elapsed without a repeat of the same or similar event.
  - e. Documentation of successful completion of training or rehabilitation pertinent to the incident.
  - f. Any other information that bears on the applicant's ability to care for children or any other relevant information.

The following crimes require an Alternative Compliance:

- 1) False imprisonment in the first or second degree
- 2) Permanent detention or restraint
- 3) Battery in the first, second or third degree
- 4) Aggravated assault
- 5) Assault in the first or second degree
- 6) Terroristic threatening in the first or second degree
- 7) Contributing to the delinquency of a minor
- 8) Interference with visitation
- 9) Interference with custody
- 10) Engaging in conduct with respect to controlled substances
- 11) Distribution to minors
- 12) Public display of obscenity
- 13) Prostitution
- 14) Promoting prostitution in the first, second or third degree
- 15) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy
- 16) Any felony
- 17) Any misdemeanor involving violence, threatened violence or moral turpitude

An alternative compliance may NOT be requested by any individual who has pleaded guilty or nolo contendere to, or has been found guilty of any of the following offenses as he or she is permanently disqualified from being a foster or adoptive parent per ACA § 901-28-409(h)(1):

- 1) Capital murder
- 2) Murder in the first or second degree
- 3) Kidnapping
- 4) Rape
- 5) Sexual assault in the first or second degree
- 6) Endangering the welfare of a minor in the first or second degree
- 7) Incest
- 8) Arson
- 9) Endangering the welfare of an incompetent person in the first degree
- 10) Adult abuse that constitutes a felony

An alternative compliance may NOT be requested by any prospective foster or adoptive parent with a felony conviction for the following offenses, as no child in foster care may be placed in that individual's home:

- 1) Child abuse or neglect
- 2) Spousal abuse or domestic battery
- 3) A crime against children, including child pornography
- 4) A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery

A prospective foster or adoptive parent may request an alternative compliance for a felony conviction for physical assault, battery, or a drug-related offense if the offense was not committed within the past 5 years.

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The board's decision to disqualify a person from being an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, or an employee in a child welfare agency under this section will constitute the final administrative agency action and will not be subject to review.

The DCFS Director will review all available information concerning a request for an Alternative Compliance to ensure that enough documentation is available to comply with the above requirements.

A **Policy Waiver** is a request to deviate from the letter of the DCFS Policy, procedures, and standards. Policy waiver requests are approved by the DCFS Director. The following require a policy waiver:

- 1) Any misdemeanor conviction, except for minor traffic violations
- 2) Driving under the influence (DUI) or Driving while intoxicated (DWI)
- 3) Any issues not in compliance with DCFS Policy

All policy waiver and alternative compliance requests will be approved or denied based on the individual circumstances of the foster parent applicant. Safety and welfare of the child(ren) involved will be paramount.

If a foster parent or applicant has questions or concerns regarding alternative compliance or policy waiver requests, he or she should consult the designated Resource Worker.

### **DENIAL OF A FOSTER HOME**

Any applicant who does not meet all standards of approval for a foster home, or for whom a policy waiver or alternative compliance is not approved, will be denied the ability to become a foster home. No standard contained in PUB-04: Minimum Licensing Standards for Child Welfare Agencies can be waived without prior approval of the Child Welfare Agency Review Board. Documentation or reasons a home was denied for placement of children will be made in the case record, and the applicant will be informed in writing of the reasons for denial.

### **PLACEMENT OF CHILDREN**

DCFS will consider the preferences of the foster parents when seeking to place children in that home. Once a family is approved, DCFS and the foster parents will sign CFS-462: Initial Foster Home Agreement which includes the following:

- A. Expectations and responsibilities of the Division, the staff, and the foster parents.
- B. Services to be provided.
- C. Financial arrangements for the children placed in the home.
- D. Authority the foster parents can exercise for the children placed in their home.
- E. Actions that require DCFS authorization.
- F. Legal responsibility for damage or risk resulting from children in their home.
- G. DCFS's process and procedures for investigating complaints.
- H. DCFS's procedure for giving advance notice of termination of a placement except for documented emergencies.

The age and characteristics of children for whom the foster parents have expressed preferences will be considered when placing children in a foster home. Each family has special qualifications and limitations and each child in foster care has specific needs. Each child will be placed with a family who best meets his or her individual needs. Each time a child is placed in the foster home, DCFS and the foster parents will sign CFS-462A: Initial Foster Home Agreement Addendum.

### **REEVALUATION OF A FOSTER HOME**

The Resource Worker will monitor the foster home at least quarterly for continued compliance with the standards of approval and will complete CFS-475B: Quarterly Monitoring Checklist for Foster Home and file it in the foster home record.

The Resource Worker will complete an annual reevaluation (i.e., no later than the anniversary month of the foster home's approval) of the foster home to ensure that they continue to meet all standards and policy requirements. The Resource Worker will complete CFS-475C: Reevaluation Checklist for Foster/Pre-Adoptive Home and will file it in the foster home record. Any foster home that does not continue to meet standards will be closed for placement of children in foster care.

Other than annual reevaluations, foster homes will be reevaluated if the event of any of the following major life changes:

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- A. Death or serious illness among the members of the foster family.
- B. Marriage, separation, or divorce of foster parents.
- C. Loss of or change in employment status by either foster parent.
- D. Change in residence.
- E. Suspected maltreatment of any child in the home.
- F. The addition of family members (e.g. birth, adoption, aging relatives moving in).
- G. Any other major life changes for the foster family.

### RESPONSIBILITIES OF THE DIVISION

- A. The Division is responsible for selecting a foster home specifically trained and suited to a child's special needs.
- B. The Division is responsible for the proper implementation of a permanency plan for a child.
- C. The Division will supervise all children in foster care placements. Children in out-of-home placement will be visited regularly and such visits will take place no less than weekly for the first month of placement into foster care or a new foster home. Visits after the first month in care will occur monthly in the foster home, with the worker maintaining weekly contact with the child through the following settings: school, parental visits, during transportation to medical appointments, court hearings or via telephone. Visits may be scheduled or unannounced. A portion of the visit will be set aside for separate and private conversation between the Family Service Worker and the child to assess the quality of care being provided.
- D. The Division will evaluate the specific strengths, needs, preferences, and experience of each foster home. This will be used to determine the number, ages, sex, and characteristics of children who will be placed in the home. These determinations will consider the foster parents' own family life. No child may be placed in a foster home in violation of the limitations established in this assessment or the foster parents' preferences.
- E. The Division will make training available to the foster parents. Training will be at times and locations that will enable the foster parents to meet their training requirements. Assistance to the foster parents with reimbursement for transportation and child care will be provided by the Division, as needed.
- F. The Division will provide support services, such as emergency, respite care, child care, transportation, crisis and after-hours intervention, counseling, and foster parent mentors for the foster parents. These services will be available, as needed, to assist in providing proper care or to prevent the disruption of a child's placement.
- G. The Division will not place children with any foster parents who have not satisfactorily completed the required 30 hours of pre-service training.
- H. The Division will not place children with any foster parent who has not satisfied the annual in-service training requirement of 15 hours that comes due at the end of the second year. The Division may make an exception for any foster parent whose annual in-service training hours are no more than 60 calendar days overdue.
- I. The Division will keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders). The Division delegates the responsibility for the day-to-day care of the child in foster care to the foster parents. Foster parents will be provided with the following information for every child placed in their home:
  - 1) Full and complete information about the child, except as prohibited by law.
  - 2) Health care information regarding the child, including:
    - a. The child's Medical Passport and any revisions, as on-going medical or mental healthcare information regarding the child becomes available.
    - b. The child's Client Medical and Psychological Information (CFS-6012) completed within 7 days of the Comprehensive Health Assessment and provided to foster parents within 5 days of completion or revision.
    - c. The Child's Health Plan (CFS-368) completed within 14 days of completion of the Comprehensive Health Assessment and provided to foster parents within 5 days of completion or revision.
  - 3) Reasons for the child's placement and circumstances leading to removal from the home.
  - 4) Probable length of placement.
  - 5) A copy of the child's case plan and visitation plan from the Case Plan (CFS-6010) and any revisions to either within 5 days of completion.
  - 6) Other information pertinent to the provision of services to the child, as the individual situation warrants.
  - 7) CFS-462: Initial Foster Home Agreement
  - 8) CFS-462A: Foster Home Agreement Addendum

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

- J. The foster parents will be notified of all staffings and judicial case reviews for children in foster care placed in their home. Foster parents will be provided the opportunity to have input in shaping the case plan. Foster parents' roles and the roles of the child's Family Service Worker will be clearly defined with regard to carrying out each of the specific tasks of the child's case plan. While foster parents are responsible for the day-to-day care of children placed in their home, DCFS retains legal responsibility for supervision, decision making, and ensuring continuity of care for the child. If parental rights have not been terminated, biological parents should also be included in major decisions pertaining to their children.
- K. All child maltreatment allegations concerning any person in a foster home will be investigated in accordance with the Child Maltreatment Act § 12-18-602.

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Division will notify the child's family, the OCC attorney, Child Abuse Hotline, the CASA, and the attorney ad litem. The attorneys ad litem for all other children placed in the home will be notified as well. The safety and welfare of any child in foster care will be paramount.

**Priority I Allegations:** For all Priority I allegations, if the alleged offender is a foster parent or any other member of the foster family household, then all the children in foster care in that home will be removed from that foster home. If the alleged offender is a child in foster care, then he or she will be removed from that home and placed in a foster home without any other children.

**Priority II Allegations:** When any foster home is the subject of a Priority II child maltreatment allegation, an evaluation will be conducted on an individual basis to determine if the child(ren) can safely remain in the home during the investigation. If it can be shown that it is in the best interest of any of the children currently placed in that foster home, a protection plan may be considered to allow any or all of the children in foster care to remain in a home involved in a maltreatment report. If the safety and welfare standards of the Division cannot be met, and the children cannot safely remain in the home, the children will be removed and placed in another approved foster home.

While any foster home is being investigated because of a maltreatment allegation, Priority I or II, no additional children may be placed in the home.

If the Priority I or II allegation report is unsubstantiated, consideration will be given to returning any children who were removed from the foster home as a result of the allegation. This will be determined by holding a staffing so that all stakeholders may have input. The decision made will depend on the best interest of the child.

If the report of Priority II maltreatment is an investigative true finding, the protection plan must be reevaluated if the children are allowed to remain in the home during the hearing process.

For all investigative determinations where allegations of Priority II child maltreatment are found true and up-held by the administrative hearing, the well-being of each child who is in the home will be re-assessed on an individual basis. If it can be shown that it is in the best interest of any child to remain in that home, then a waiver or alternative compliance, depending on the situation, may be considered so that the home may remain open to care for that child.

In cases where the foster home is allowed to remain open, if the foster parents wish to be considered for the placement of additional children, an Individualized Training Plan will be developed and completed before any additional child is considered for placement in that home.

- L. The Division will continually monitor the appropriateness of the placement.

### RESPONSIBILITIES OF FOSTER PARENTS

- A. Foster parents will comply with the objectives of the foster care program by providing care and supervision in a family environment for every child in foster care placed in their home by the Division. This care and supervision will

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

include experiences associated with normal family life and an opportunity for the child to develop to his or her full potential emotionally and physically.

- B. Foster parents will recognize that foster care is a temporary arrangement until a permanent plan can be established and implemented. Foster parents will cooperate with the Division by respecting the rights of the child's birth/legal parents, participating in training offered by the Division, accepting the Division's supervision of any child placed in their home, and participating in periodic reevaluations of the home. The foster parents will cooperate with the Division by recognizing that the Division sees foster care as a temporary but integral step in achieving permanency for the child. They will agree to allow visits with parents, siblings, and other appropriate relatives, as scheduled by the Division. Foster parents will agree to provide a home for the child in care as long as that placement is appropriate for the child.
- C. Foster parents will provide continuous care for any child placed in their home until the permanency plan can be implemented, unless there is agreement between the Division and the foster parents that the placement is not appropriate.
- D. Foster parents will agree to participate in pre-service training and continuing education programs, as specified by policy.
- E. Foster parents will provide direct care and have decision-making authority concerning the child's daily living. However, they may not make independent major decisions that have far-reaching effects on the child's life, such as consents for surgery, military service, or marriage. They should not make decisions that have far reaching effects for the child's personal appearance without consulting the Family Service Worker.
- F. Foster parents will provide reasonable opportunities for mail/phone contact and visits with parents/legal guardians and with siblings.
- G. Foster parents will notify the Division immediately of serious illness, accidents, or any unusual circumstances affecting the health, safety, physical, or emotional well-being of the child in foster care.
- H. Foster parents will share the primary responsibility of helping children in foster care who are age appropriate to develop independent living skills along with the child's assigned FSW and Transitional Services Coordinator.
- I. Foster parents will sign an agreement with the Division to provide foster care, CFS-462: Initial Foster Home Agreement, and a separate agreement for each child in foster care placed in the home, CFS-462A: Foster Home Agreement Addendum.
- J. Foster parents will maintain absolute confidentiality of private information about children in their care and their birth/legal family. It is understood that the foster family interacts with others. Nevertheless, information about the child's history, or information which the child wishes to keep private must not be discussed with others. Policies, activities, and programs of the Department of Human Services are discussed publicly in generalizations only. Identification of particular cases or children must not be made without prior approval.
- K. Foster parents will make every effort to give the Division advance notice if it becomes necessary to request removal of a child placed in their home. When a foster parent requests a child in foster care be removed from their home, excluding an emergency that places the child or a family member at risk of imminent harm, the foster parent must attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within 48 hours of notification by the foster parent to have the child removed from their home. The child in foster care, the child's attorney ad litem, and a CASA, if appointed to the case, will be notified so that they can attend and participate in the staffing and planning for the child's placement. If the placement cannot be stabilized, the foster parent will continue to provide for the child in care until an appropriate alternative placement is located, but this will not be longer than 5 business days after the staffing. These efforts will serve to reduce the number of placements of children in foster care.
- L. Foster parents will maintain records in accordance with Division procedures and forms for the children placed with the family. This includes both health and progress records.

### FOSTER PARENT LIABILITY

Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowner's policy.

Any claims that are not covered by home owner's insurance for damages or destruction to a foster parent's personal property or to the property of others due to the actions of a child placed in a foster home will need to be filed with the Arkansas

## STANDARDS OF APPROVAL FOR FOSTER AND ADOPTIVE HOMES

Claims commission. Foster parents or the individual can request the appropriate application to submit a claim by contacting the Arkansas Claims Commission, 101 E. Capitol Ave., Suite 410, Little Rock, Arkansas 72201, Phone (501) 682-1619, [www.claimscommission.ar.gov](http://www.claimscommission.ar.gov).

Prior to filing a claim with the Claims Commission, the foster parents or the individual will need to contact the local DCFS county office to provide information needed to complete an incident report. This incident report will be submitted to Central Office by county staff and will be used to assist the Claims Commission in processing the claim.

According to Act 941 of 1989: "Family foster parents approved by a child welfare agency licensed by the Department of Human Services shall not be liable for damages caused by their children in foster care, nor shall they be liable to the children in care nor to their parents or guardians of the children placed in their home for injuries to the children in foster care caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton or grossly negligent conduct."

CLEAR

**DCFS CONTACT PERSONS**

CHILD'S NAME: \_\_\_\_\_

**FAMILY SERVICE WORKER:**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**RESOURCE WORKER:**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**FSW SUPERVISOR:**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**TRANSITIONAL SERVICES COORDINATOR (if applicable):**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**COUNTY SUPERVISOR:**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**CHILD'S ADOPTION SPECIALIST (if applicable):**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**AREA DIRECTOR:**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**FAMILY'S ADOPTION SPECIALIST (if applicable):**  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

## **APPENDIX 4: Foster Home Records**

08/2011

Special divided folders will be used for the case records of foster homes. When a foster home is approved, the foster home record should include the items listed below. All documents should be filed in chronological order with the most current on top.

### **Front left:**

- Approval or Denial Letter
- CFS-475A: Initial Approval Checklist for Foster Home Record
- Verification of marriage and/or divorce, if applicable
- All Records Checks:
  - Results of the CFS-316: Child Maltreatment Central Registry Check for each applicable household member, all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations
  - Results of the APS-0001: Authorization for Adult Maltreatment Central Registry check for each applicable household member, all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations
  - CFS-341: Certification of Absence of Criminal Record, if children age of 10 thru 17 reside in the household
  - Results of the CFS-342: State Police Criminal Record Check for each applicable household member, all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determination
  - Results of the FBI Criminal Background Check for each applicable household member, all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations
  - Results of the ASVSP check for each foster parent and applicable teenage driver
    - Copy of driver's license for each applicable driver
    - Documentation of current auto insurance
- CFS-446: In-Home Consultation Visit Report
- CFS-363: Foster/Adoptive Applicant Smoking Certification
- CFS-404: General Medical Report
- Documentation of current TB tests for applicable household members
- Current immunization records for all children in the home
- Documentation of current rabies vaccinations for all household pets
- CFS-409: Foster/Adoptive Family Preference Checklist
- CFS-455: Request/Consent for Health Department Services, when appropriate
- CFS-480: Alternate Compliance of Water Supply Agreement, when appropriate
- Written approval of septic system from Health Department, when appropriate
- Written approval from Fire Department for approved alternate escape route, when appropriate
- Current floor plan
- Documentation of homeowner's or renter's insurance and general liability insurance

- Written approval from the owner of the home that the applicants may care for children in foster care, when appropriate
- Three completed, positive SAFE reference letters
- SAFE Home Study Final Report and supporting documents (e.g. SAFE Questionnaires I&II, Psychosocial Inventory)
- Alternative compliance and/or policy waiver approval, if applicable
- Current certification in CPR and Standard First Aid
- Summary with Recommendations
- CFS-462: Initial Foster Home Agreement
- CFS-462A: Foster Home Agreement Addendum on each child currently placed in the home
- CFS-474: Provisional Foster Home Orientation Checklist (for provisionals only)
- CFS-452: Provisional Foster Home Verification (for provisionals only)

**Front Right:**

- Placement history
- W-9

**Center Left:**

- CFS-475B: Quarterly Monitoring Checklist for Foster Home
- Any documentation gathered during the quarterly visit

**Center Right:**

- Letter of Notification of Disposition of Reevaluation or of Closure
- CFS-475C: Reevaluation Checklist for Foster/Pre-Adoptive Home
- Any documentation gathered during the reevaluation visit (e.g. updated auto insurance, updated CPR certificate, etc.)
- CFS-451: Foster Parent Reevaluation
- SAFE Update Report
- Documentation of 15 hours of continuing education
- Documentation of quarterly emergency evacuation drills
- CFS-475G: Checklist for Foster Home Closure, when appropriate
- Reevaluation Summary or Closure Summary

**Back Left:**

- CFS-475D: Transfer of a Foster Home to Another County, when appropriate
- CFS-475E: Complaint Against Foster Family Other Than Maltreatment, when appropriate
- CFS-475F: True Reports of Child Maltreatment Against Foster Family Members, when appropriate

**Back Right:**

- CFS-419: Foster Family Support System Information
- Current results of all applicable background checks for FFSS members



**Arkansas Department of Human Services  
Division of Children and Family Services  
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

**THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.**

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: \_\_\_\_\_]  Foster Parent  Legal Custodian  Adoptive Parent  Provisional Foster Parent  Foster Family Support System (FFSS) for: \_\_\_\_\_  
*Name of Foster Family whom FFSS will support*

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

\_\_\_\_\_  
Name/Title (print) \_\_\_\_\_  
Organization Requesting the Report

\_\_\_\_\_  
Address (physical) \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax #

Address (provide mailing, if different than physical)

**Name of Applicant:** \_\_\_\_\_

**Maiden Name/Other Names Used:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_ ) \_\_\_\_\_

Previous Addresses (from the last six years):

- |  |  |
|--|--|
| 1) _____<br>_____<br>From _____ to _____ | 2) _____<br>_____<br>From _____ to _____ |
| 3) _____<br>_____<br>From _____ to _____ | 4) _____<br>_____<br>From _____ to _____ |

Cities and States of Employment (outside of Arkansas) for last six years:

- |  |  |
|--|--|
| 1) _____<br>_____<br>From _____ to _____ | 2) _____<br>_____<br>From _____ to _____ |
|--|--|

3) \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

---

**THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY**

I, \_\_\_\_\_ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of Arkansas

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

---

**THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY**

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date \_\_\_\_\_

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date \_\_\_\_\_





**Arkansas Department of Human Services  
Division of Children and Family Services  
RECOMMENDATION FOR FINALIZATION OF AN ADOPTION**

Child's Birth Name \_\_\_\_\_

Child's New Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Race \_\_\_\_\_

Child's Place of Birth \_\_\_\_\_

Termination Date \_\_\_\_\_ Date Placed In Adoptive Home \_\_\_\_\_

County of Placement \_\_\_\_\_

Family's Address \_\_\_\_\_

Length of Time the Family Has Been at This Address \_\_\_\_\_

Adoptive Father's Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Adoptive Father's Place of Birth \_\_\_\_\_

Adoptive Mother's Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Adoptive Mother's Place of Birth \_\_\_\_\_

Adoptive Mother's Maiden Name \_\_\_\_\_

Adoptive Parent's Date of Marriage \_\_\_\_\_

Adoptive Parent's Place of Marriage \_\_\_\_\_

**CHECKLIST OF ATTACHMENTS:**

- CFS-414: Adoption Services Change of Status (recommending legal work begin)
- Adoptive parents' adoption home study
- Child's adoption summary
- Post placement narrative
- Results of FBI & state records checks, as applicable

- Copy of CFS-446: In Home Consultation Visit Report (adoption application/IHC Report)
- Copy of CFS-428: Adoption Assistance Agreement, if applicable
- Termination court order
- Child's certified birth certificate
- Other \_\_\_\_\_

\_\_\_\_\_  
**Adoption Specialist Name**

\_\_\_\_\_  
**Adoption Supervisor Name**

\_\_\_\_\_  
**Adoption Specialist Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adoption Supervisor Signature**

\_\_\_\_\_  
**Date**



**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.  
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME PREFERENCE:  FOSTER HOME  ADOPTIVE HOME

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

**MILITARY HISTORY**

	Branch(es)	Rank	Dates	Honorably Discharged?
<b>Applicant</b>				
<b>Joint Applicant</b>				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME** (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**OTHER PEOPLE LIVING IN THE HOME** (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**PETS** (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No
2. If yes, please provide agency name, city, and date: \_\_\_\_\_
3. Have the applicants ever been denied to foster? Yes  No
4. If yes, please explain: \_\_\_\_\_
5. Have the applicants previously applied or been approved to adopt? Yes  No
6. If yes, please provide agency name, city, and date approved: \_\_\_\_\_
7. Have the applicants ever been denied for adoption? Yes  No
8. If yes, please explain: \_\_\_\_\_
9. Can the applicants provide reliable transportation for children in foster care? Yes  No
10. Do the applicants have any pending legal actions? Yes  No

11. If yes, please provide a brief explanation: \_\_\_\_\_

12. Do any roomers or boarders reside in the home? Yes  No

13. Do applicants and/or other household members smoke? Yes  No

14. If yes, please list names: \_\_\_\_\_

15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room?

16. What is each applicant's daily routine?

17. If the applicants work outside of the home, what are the child care plans?

18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).



19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).



**RESPONSIBILITIES** (As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents.)

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a life book for each foster child that includes:
  - a. Periodic photographs of the child;
  - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
  - c. Trophies, awards, ribbons, etc.

*I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EMPLOYMENT INFORMATION** (Include places of employment for the last 6 years, beginning with current place of employment.)

<b>APPLICANT</b>				
<b>Name and Address of Employer</b>	<b>Job Title</b>	<b>Salary</b>	<b>Dates of Employment</b>	<b>Working Hours</b>
<b>JOINT APPLICANT</b>				
<b>Name and Address of Employer</b>	<b>Job Title</b>	<b>Salary</b>	<b>Dates of Employment</b>	<b>Working Hours</b>

**FINANCIAL STATEMENT** (Recent check stubs and the previous year's income tax return are required for employment verification.)

<b>Monthly Income</b>		<b>Monthly Expenses</b>	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<b>Savings</b>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<b>Insurance Coverage</b>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

<b>STANDARDS OF APPROVAL</b>	<b>YES</b>	<b>NO</b>
<b>Home Requirements—Interior:</b>		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>	<b>YES</b>	<b>NO</b>
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____(City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>



**BACKGROUND CHECKS** (Make additional copies of pages as necessary.)

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved					

NAME OF PERSON CHECKED:							
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT	
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved						

NAME OF PERSON CHECKED:							
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT	
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved						

NAME OF PERSON CHECKED:							
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT	
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved						

## RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

**Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.***



**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.  
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME PREFERENCE:  FOSTER HOME  ADOPTIVE HOME

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

**MILITARY HISTORY**

	Branch(es)	Rank	Dates	Honorably Discharged?
<b>Applicant</b>				
<b>Joint Applicant</b>				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME** (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**OTHER PEOPLE LIVING IN THE HOME** (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**PETS** (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No
2. If yes, please provide agency name, city, and date: \_\_\_\_\_
3. Have the applicants ever been denied to foster? Yes  No
4. If yes, please explain: \_\_\_\_\_
5. Have the applicants previously applied or been approved to adopt? Yes  No
6. If yes, please provide agency name, city, and date approved: \_\_\_\_\_
7. Have the applicants ever been denied for adoption? Yes  No
8. If yes, please explain: \_\_\_\_\_
9. Can the applicants provide reliable transportation for children in foster care? Yes  No
10. Do the applicants have any pending legal actions? Yes  No

11. If yes, please provide a brief explanation: \_\_\_\_\_

12. Do any roomers or boarders reside in the home? Yes  No

13. Do applicants and/or other household members smoke? Yes  No

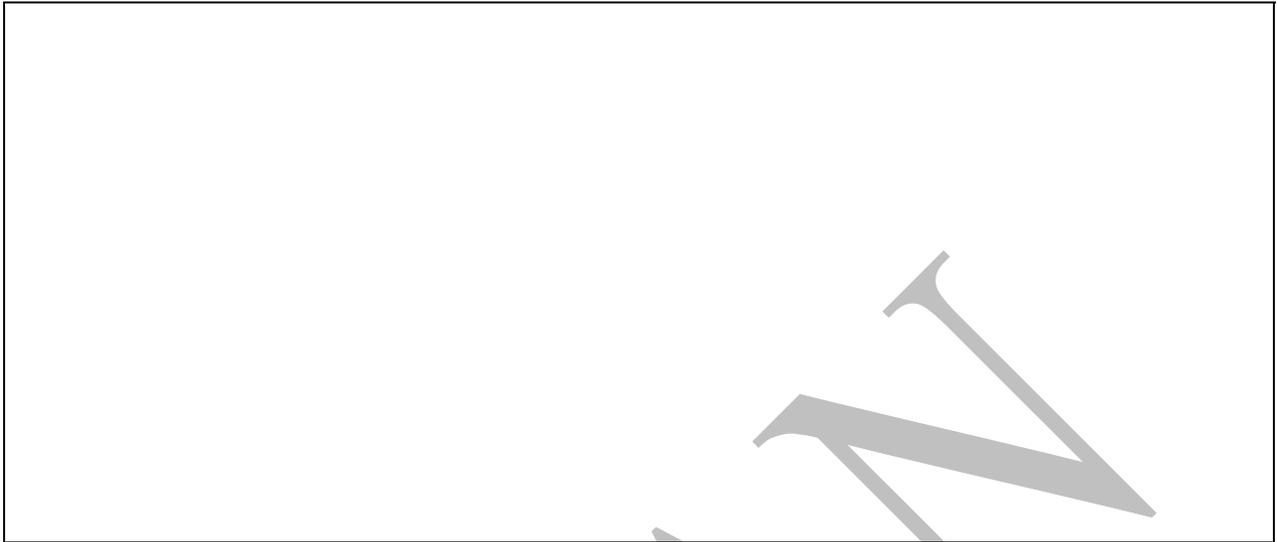
14. If yes, please list names: \_\_\_\_\_

15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room?

16. What is each applicant's daily routine?

17. If the applicants work outside of the home, what are the child care plans?

18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).



19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).



**RESPONSIBILITIES** (As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents.)

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a life book for each foster child that includes:
  - a. Periodic photographs of the child;
  - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
  - c. Trophies, awards, ribbons, etc.

*I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**FINANCIAL STATEMENT** (Recent check stubs and the previous year’s income tax return are required for employment verification.)

<b>Monthly Income</b>		<b>Monthly Expenses</b>	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<b>Savings</b>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<b>Insurance Coverage</b>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

<b>STANDARDS OF APPROVAL</b>	<b>YES</b>	<b>NO</b>
<b>Home Requirements—Interior:</b>		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>	<b>YES</b>	<b>NO</b>
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____(City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>



**BACKGROUND CHECKS** (Make additional copies of pages as necessary.)

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved					

NAME OF PERSON CHECKED:							
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT	
SUBMITTED							
RECEIVED							
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	FBI	STATE	VSP 1	VSP 2	CHILD MALTREATMENT	ADULT MALTREATMENT	
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved						

## RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

**Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.***



**Arkansas Department of Human Services**  
**Division of Children & Family Services**  
**Initial Checklist for Foster/Adoptive Home Assessment**

Resource Worker/Adoption Specialist:

County:

Initiated Date of Review:

Applicants' Names:

Provider Number:

Completed Date:

<b>Have you completed the following steps and/or filed appropriate documentation in the foster/adoptive home record?</b>	<b>Yes</b>	<b>No</b>
1. Verification of marriage or divorce, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
2. Results of the CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 10 years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
3. Results of the APS-0001: Authorization for Adult Maltreatment Central Registry for each household member age 18 years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
4. CFS-341: Certification of Absence of Criminal Record, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
5. Results of the CFS-342: State Police Criminal Record Check for each household member age 18 years and older, all information received and, in the case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Results of the ASVSP check for each applicant and each applicable teenage driver?	<input type="checkbox"/>	<input type="checkbox"/>
7. Results of the FBI Criminal Background Check for each household member age 18 years and older?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received CFS-419: Foster Family Support System Information and submitted the appropriate background checks for each FFSS member?	<input type="checkbox"/>	<input type="checkbox"/>
9. CFS-446: In-Home Consultation Visit Report?	<input type="checkbox"/>	<input type="checkbox"/>
10. CFS-363: Foster/Adoptive Applicant Smoking Certification?	<input type="checkbox"/>	<input type="checkbox"/>
11. CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
12. CFS-409: Foster/Adoptive Family Preference Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
13. CFS-455: Request/Consent for Health Department Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
14. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
15. Written approval of septic system for Health Department, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you provide the family with SAFE Questionnaire I?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you click on the "In-Home Consultation/Approval for Training Purpose" in CHRIS so MidSOUTH will be notified of approval status?	<input type="checkbox"/>	<input type="checkbox"/>
18. Applicants have participated in a minimum of 30 hours of pre-service training & orientation?	<input type="checkbox"/>	<input type="checkbox"/>
19. Applicants have received certification in CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
20. Three completed, positive SAFE reference letters?	<input type="checkbox"/>	<input type="checkbox"/>

21. Assessment included at least two separate visits, one of which was a home visit? a. A separate interview was conducted with each age-appropriate household member? b. An interview was conducted with all household members present?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22. SAFE Home Study Final Report and supporting documents (e.g. SAFE Questionnaires I&II, Psychosocial Inventory)?	<input type="checkbox"/>	<input type="checkbox"/>
23. CFS-462: Initial Foster Home Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
24. Approval/Denial Letter? a. Was the approval/denial letter sent within 60 days from completion of pre-service training or, where applicable, was the applicant notified in writing of the reasons for the delay? b. In the case of denial, does the letter indicate the reasons for denial? c. In the case of denial, does the record indicate there was a face-to-face conference with the applicants to discuss the reasons for denial?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25. Family and their physical surroundings meet all standards of approval as outlined in PUB-22 (and documented on CFS-446)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Alternative compliance or policy waiver approval, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you provide and review the approval/orientation packet with the family?	<input type="checkbox"/>	<input type="checkbox"/>
28. Did you provide a copy of the final SAFE Home Study Report to the family, regardless of approval or denial?	<input type="checkbox"/>	<input type="checkbox"/>
<b>For Provisional Foster Homes only:</b>		
29. CFS-474: Provisional Foster Home Orientation Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
30. CFS-452: Provisional Foster Home Verification?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Resource Worker/Adoption Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Foster Home: \_\_\_\_\_

Date Home Opened: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date Home Closed: \_\_\_\_\_

Family Service Worker: \_\_\_\_\_

Date Home Re-Opened: \_\_\_\_\_

County: \_\_\_\_\_

Date Home Transferred to Another County: \_\_\_\_\_

Is the foster home record set up in the record order & filed in the special divided folders as outlined in Appendix 4?  
 Yes    No

**APPROVAL** (Is the following or its equivalent filed):

- Yes    No   CFS-462 (Initial Foster Home Agreement)?
- Yes    No   CFS-475 (Checklist for Compliance)?
- Yes    No   CFS-485 (Foster Home Face Sheet)?
- Yes    No   CFS-450 (Foster Home Study/Application & Attachments for each child in family)?
- Yes    No   CFS-455 (Request Consent for Health Department Services), if applicable?
- Yes    No   CFS-480 (Alternate Compliance of Water Supply Agreement), if applicable?
- Yes    No   Verification of marriage and/or divorce?
- Yes    No   CFS-342 (State Police Criminal Record Check), all information received and, in the case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for determination?
- Yes    No   CFS-316 (Child Maltreatment Central Registry Check), all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?
- Yes    No   Foster home study with recommendations for the terms of approval, number, age, sex, and characteristics of children the home is best equipped to provide care?
- Yes    No   Approval/Denial letter?
- Yes    No   In the case of denial, does the letter indicate reason(s) for denial?
- Yes    No   Was the approval/denial letter sent within 30 days from completion of foster parent pre-service training or, where applicable, within 60 days from completion of foster parent pre-service training?
- Yes    No   If determination of approval/denial could not be made within 30 days of completion of foster parent pre-service training, was a letter sent to the applicant(s) at the end of the 30 days advising of the reason(s) for the delay?
- Yes    No   In the case of denial, does the record indicate there was a face-to-face conference with the foster applicant(s) to discuss the reason(s) for denial?

- Yes  No Does the record contain a copy of the Provider/Resource information in CHRIS indicating the home has been opened, if applicable?
- Yes  No CFS-404: General Medical Report?
- Yes  No Does the record document that the foster family and foster family's physical surroundings meet all standards for approval as a foster home? (Refer to CFS-475B)?
- Yes  No If exception of a standard/policy is necessary, was a written alternative compliance/policy waiver approval obtained and filed in the record?
- Yes  No Does the record document that the assessment included at least two separate visits, one of which was a home visit?
- Yes  No that a separate interview was conducted with each member of the applicant(s)' household who is school age and above, and
- Yes  No that an interview was conducted with all members of the applicant(s)' household present?
- Yes  No Foster parent pre-service training completed (Refer to CFS-475C)?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Department of Human Services  
Division of Children & Family Services  
Quarterly Monitoring Checklist for Foster Home**

Resource Worker \_\_\_\_\_

County: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Foster Parents' Names: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Training Hours Completed: \_\_\_\_\_

Training Hours Needed: \_\_\_\_\_

	Yes	No
1. Have you reviewed the Contact Screens in CHRIS in order to address any concerns or issues during the visit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Foster family and their physical surroundings continue to meet all standards of approval, as outlined in PUB-22, including but not limited to the following? a. Sleeping arrangements? b. Smoke detectors? c. Fire extinguishers? d. Posted emergency exit plan? e. Firearms? f. Medication Logs? g. No more than 2 children under the age of 2? h. No more than 3 children under the age of 6?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Has either parent's work situation changed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will there be any planned changes in the next few months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Foster family meets the needs of the children placed in their home (physical health, emotional, educational, recreational)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the foster family choose to update CFS-409: Foster/Adoptive Family Preference Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the foster family choose to update CFS-419: Foster Family Support System Information? a. If so, have you submitted the appropriate background checks for each FFSS member?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Does the on-going narrative in CHRIS address issues the following issues: stress family may be experiencing related to foster parenting; financial difficulties; relationship conflicts with spouse, birth/legal children, in-laws, etc.; illness or death of family member, close friend, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resource Worker's Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**STANDARDS OF APPROVAL FOR FOSTER HOME:**

- Yes No Joint Application/Commitment: Are both the husband and wife of a foster parent applicant couple equally committed to, or if already approved, do they continue to be equally committed to assuming the role of foster parent?
- Yes No Commitment of the Birth/Legal Children: Birth/legal children of the foster parent applicant(s) or approved foster family have taken part in the assessment and agree to their parent(s)' decision to become foster parents?
- Yes No If applicable, other children and adults (grandparents, aunts, nieces, cousins, etc.) who are a part of the household have been taken into consideration in the assessment and agree to the foster parent applicants' decision to become foster parents?
- Yes No **Personal Characteristics:** Foster parents must have the personal characteristics which enable them to assume the responsibility of caring for foster children. Foster parent applicant(s) or approved foster parent(s) possesses:
- Yes No a. The capacity to love and care for children and respond to children's needs?
  - Yes No b. The capacity to enjoy being a parent and assume all the responsibilities involved?
  - Yes No c. The capacity and willingness to give love, affection, and care to a child without expecting the child to return this love and affection?
  - Yes No d. The willingness to allow for socialization of the foster child with his/her peers?
  - Yes No e. Flexibility in his/her expectations, attitudes, and behavior in relation to meeting the needs of children?
  - Yes No f. Ethical standards and values which are conducive to the well-being of children?
  - Yes No g. The ability to accept a foster child's background without passing moral judgment on the child or the child's birth/legal family?
  - Yes No h. The ability to accept a foster child's relationship with his/her birth/legal family?
  - Yes No i. The ability and willingness to accept, understand, and utilize training, guidance, and supervision from the Division of Children and Family Services or other professional people in order to meet the needs of foster children and other families of origin?
  - Yes No j. Emotional stability, including a satisfactory method of handling angry feelings?

- Yes  No k. Satisfactory and stable relationships, which include not only a satisfactory and meaningful marital relationship, but also supportive relationships with several relatives and/or friends?
- Yes  No l. The ability to function adequately in his/her chosen life style, i.e., ability to enjoy and accept the responsibility of his/her job, his/her family life, his/her friends, and his/her own self?
- Yes  No m. An acceptance of his/her own childhood experiences and an absence of any qualities which would indicate that the foster parent(s) was an abused or neglected child and has not worked through all the issues?
- Yes  No n. The capacity to absorb the presence of a foster child without undue disruption of his/her own family life, and the ability to cope with the departure of the foster child?
- Yes  No o. The maturity to exercise good judgment and appropriate use of authority, along with the youthful qualities of vitality and flexibility which are necessary to care for children?

**Age:**

- Yes  No a. Applicants are age 21 or over?
- Yes  No b. If one or both applicants are age 65 or over or when one or both spouses of a currently approved foster home reaches age 65, the foster parent(s) must have a written alternative compliance approved by the DCFS Director and/or the Child Welfare Licensing Board?

**Physical and Mental Health:**

- Yes  No a. A physical examination (via CFS-404 for initial approval) has been obtained and filed in the record for each member of the foster family's household verifying that all members are free of any physical or emotional health problems which would adversely affect the welfare of a foster child?
- Yes  No b. All members of the household older than 12 years shall receive an annual skin test for tuberculosis, as long as the test results remain negative. A household member with a positive skin test must provide documentation from a physician every two years certifying that he/she is free from communicable tuberculosis.
- Yes  No c. Immunizations for all children in the foster home (both the children who normally reside in the foster family's household and foster children) are up to date?
- Yes  No d. Has foster parent(s) kept the agency informed concerning any changes in his/her physical or mental health?
- Yes  No e. If applicable, a physical disability in either foster parent or foster family member has been evaluated by a physician along with how it affects his/her personality and whether it may have significance to a specific foster child?

**Family Composition:**

- Yes  No a. Two parent foster home?
- Yes  No b. Single parent foster home?
- Yes  No c. Foster family does not have transient roomers or boarders residing in their home?
- Yes  No d. If applicable, other children and adults (grandparents, aunts, nieces, cousins, etc.) who are a part of the household have been taken into consideration in terms of how they might be affected by or have an affect upon another child?

- Yes No e. In the household, are any adults cohabitating with a sexual partner outside of marriage which is valid under the constitution and laws of this state?

**Marriage Stability:**

- Yes No a. Record documents that marriage(s) and/or divorce(s) have been verified?
- Yes No b. Applicants are married and demonstrate a stable marriage?
- Yes No c. Approved foster parents have demonstrated a continued stable marriage?
- Yes No d. An approved single foster parent who marries, has had a reevaluation conducted on them.

**Children:**

- Yes No a. There are no more than eight children in the home, including the foster parent's own children. (There must be no more than eight children physically in the home. There may be no more than five unrelated children in care. Up to eight children from the same sibling group may be placed in the same home. If a sibling group of more than five children are placed together, that foster home shall not have more than eight children including the foster parent's own children.)
- Yes No b. There are no more than two children under age two in the home. There are no more than three children under the age of six in the home. (This count includes children who normally reside in the home of the foster family and foster children)?
- Yes No c. Applicant(s) or approved foster parent(s) has legal custody or guardianship of any children in his/her home that are not his/her birth/legal children or relatives?
- Yes No d. Foster parent(s) is not keeping children for more than one child placing agency?
- Yes No e. Foster parent(s) is not providing day care services on a regular basis in their home?

**Religion:**

- Yes No a. Foster parent(s) respect religious preferences of the foster child and his/her birth/legal family?

**Education:**

- Yes No a. Foster parent(s) has a positive attitude toward both academic and vocational education according to individual needs?
- Yes No b. Foster parent applicant(s) or approved foster parent(s)' level of formal education attained is sufficient to allow him/her to function in his/her community, in his/her employment, and in his/her home?
- Yes No c. Foster parent(s) are able to read and write?

**Financial Stability:**

- Yes No a. The family has sufficient, stable income, not including board payment, to assure its stability and security?

**Employment:**

- Yes No a. If both parents are employed outside the home, the husband or the wife is able to remain at home with a foster child for as long as necessary for the initial adjustment of the child?

- Yes No b. There are suitable plans for care and supervision of foster children before and after school, during holidays and vacations, and when children are ill and absent from school?
- Yes No c. If employment is seasonal, the family has compensatory income or savings for the off season?

**Knowledge of Child Growth and Development:**

- Yes No a. The foster parent applicant(s) or approved foster parent(s) has a working knowledge of child growth and development?

**Acceptance of Agency Regulations:**

- Yes No a. The foster parent(s) has signed an agreement (CFS-462) with the Division of Children and Family Services?

**PHYSICAL STANDARDS FOR THE HOME**

**Accessibility of the Home:**

- Yes No a. The foster home is accessible throughout the year to make available education and religious training, recreation, parental visiting, supervision by the child placing agency, and medical care for the child?

**Neighborhood:**

- Yes No a. The neighborhood/community in which the foster home is located is one which:
- Yes No is accessible
  - Yes No which will provide a healthy environment,
  - Yes No is free from health and safety hazards, and threats from persons in and about the neighborhood/community?

**Ownership of Home:**

- Yes No a. The foster parent has provided documentation of homeowner's or renter's insurance and general liability insurance, which may be included in the homeowner's policy?
- Yes No b. If the foster family does not own the home in which they live, the person who does own the home has verified, in writing, that he/she has no objections to the applicant(s) caring for foster children in the home?

**Indoor Arrangement and Use of Rooms:**

- Yes No a. There is adequate space for privacy, play, and study for all family members?
- Yes No b. There is sufficient seating for the family to eat together?
- Yes No c. The foster child sleeps in a bedroom, not in a living room or dining room where others are passing through?
- Yes No d. Each child has his/her own bed, in good condition, or shares a double bed with only one other child of the same sex? Children age four years or older will not share a double bed.
- Yes No e. Children of the opposite sex are not sharing a bedroom, if either child is four years old or older, except for a mother in foster care with her child?
- Yes No f. Children share a room with an adult only when sick or temporarily in need of constant supervision?
- Yes No g. There are at least 50 square feet of space per child in his/her bedroom?
- Yes No h. Each bedroom used for a foster child has a window to the outside?

- Yes No i. The number of foster children placed in a foster home is limited by the number of persons who can satisfactorily live within the physical limits of the home?
- Yes No j. Individual space is provided for the child's personal possessions?
- Yes No k. Each foster child's bedding is clean, in good condition, and laundered at least weekly, or as needed?

**Transportation:**

- Yes No a. The foster parents have a mode of transportation available for foster children to participate in necessary school, recreation, and medical activities?
- Yes No b. The foster parents maintain all vehicles used to transport children in a safe condition and in compliance with applicable motor vehicle laws of the state?
- Yes No c. The foster parents have all vehicles owned by them to include liability insurance as required by Arkansas Statutes?
- Yes No d. The foster parents allow foster children to be transported only by person possessing a valid driver's license?
- Yes No e. The foster parents have safety seats for transporting children under three years of age, and all other children are restrained by seat belts?

**Water Supply:**

- Yes No a. If water is supplied by any other source than an approved city water department, the water supply has been tested yearly by the Arkansas Department of Health to assure that it is safe for human consumption?
- Yes No b. If a water supply is found unsafe, an alternate compliance of water supply agreement has been established with the foster family and has been approved by DCFS Central Office?

**GENERAL SAFETY STANDARDS:** The premises of the house, the yard surrounding the house, the basement and attic (if applicable and accessible), the garage or carport, and storage area have been inspected, and it is verified that they are free from physical hazards which would endanger the physical safety of children. The following qualities have been checked and verified:

- Yes No a. Cleanliness of the home is maintained?
- Yes No b. The home has adequate light, heat, ventilation, and plumbing for safe and comfortable living?
- Yes No c. The home has a minimum of one flush toilet, one washbasin with running water and one bath or shower with hot & cold water?
- Yes No d. Medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns or similar dangerous objects are locked up? Guns are unloaded and stored separately from ammunition?
- Yes No e. Heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children are screened or otherwise protected?
- Yes No f. The home has a safe sewage disposal system?
- Yes No g. All garbage and other wastes are kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health hazard or nuisance?
- Yes No h. The home contains at least one approved fire extinguisher, readily accessible and in working condition? Within 10 feet of each bedroom, there are fire alarms or smoke detectors maintained in good working order at all times? There is a chemical fire extinguisher in the cooking area?
- Yes No i. Fire hazards, such as dangerous or defective heating equipment, flammable material, defective electrical appliances or electric cords, excessive use of extensive cords, etc., have been eliminated or corrected?

- Yes No j. The home, including a mobile home, has at least two exterior doors situated to provide safe exit, or the home shall have a written statement from the Fire Department that the alternative escape route is approved. Interior doors or halls are not blocked or cluttered to prevent easy passage?
- Yes No k. The family has a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado and the escape plan is posted within the home?
- Yes No l. Document fire drills occurred on a quarterly basis (date/time/persons involved/length of time needed to clear the home)?
- Yes No m. Emergency phone numbers are posted near each telephone?
- Yes No n. Yards are free of dangerous debris, trash, uncovered cisterns, etc.?
- Yes No o. Small children have access to a play area?
- Yes No p. Yards are large enough to provide ample space for children?
- Yes No q. There is a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?
- Yes No r. Mobile homes used as foster homes have at least two exits and are properly installed and stabilized?
- Yes No s. If the mobile home is located in trailer park, there is sufficient fenced play space for children outside?
- Yes No t. Toys and play equipment are safe and developmentally appropriate for the age level of children?
- Yes No u. Proof of current rabies vaccinations for all household pets?

**Telephone:**

- Yes No a. The foster family has a working landline telephone or cellular phone?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Department of Human Services  
Division of Children & Family Services  
Reevaluation Checklist for Foster/Pre-Adoptive Home**

*While this form is to be used for both foster and pre-adoptive homes, for the sake of brevity, references are only made to foster home, foster parent, etc. rather than foster or adoptive home, foster or adoptive parent, etc.*

Resource Worker/Adoption Specialist: \_\_\_\_\_ County: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Foster Parents' Names: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date Home Opened: \_\_\_\_\_

**Type of Reevaluation:**  Annual  Death/Serious illness  Marriage  Separation  Divorce  Loss of/ change in employment  Change in residence  Suspected child maltreatment  Addition of household members

**STANDARDS OF APPROVAL**

<i>Does the foster family continue to meet the following standards of approval?</i>	<b>Yes</b>	<b>No</b>
<b>Age:</b>		
1. Has a policy waiver been approved if either foster parent has turned 65? <i>Policy waiver for age requirement must be resubmitted annually.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health:</b>		
2. Have foster parents kept the agency informed concerning any changes in their physical or mental health?	<input type="checkbox"/>	<input type="checkbox"/>
3. If applicable, has a physical disability in a foster parent or household member been evaluated by a physician, along with how it affects his/her personality and whether it may have significance to a specific child in the home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have foster parents cooperated with the Division in medical and dental care planning for the children in their care and do they make medical and dental appointments as needed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have foster parents accompanied children in their care to medical appointments?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship Stability:</b>		
6. Have approved foster parents demonstrated a continued stable relationship?	<input type="checkbox"/>	<input type="checkbox"/>
7. If applicable, was a reevaluation conducted when an approved single foster parent married?	<input type="checkbox"/>	<input type="checkbox"/>
8. If applicable, was a reevaluation conducted when approved foster parents divorced?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the family maintained a stable support system (e.g., extended family, neighbors, friends, church, community)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Composition:</b>		
10. Are there no more than 8 children in the home, including the foster parents' own children? <i>There may be no more than 5 unrelated children in care. Up to 8 children from the same sibling group may be placed in the same home. If a sibling group of more than 5 children is placed together, that foster home shall not have more than 8 children including the foster parents' own children.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there no more than 2 children under age 2 in the home and no more than 3 children under age 6 in the home? <i>This count includes children who normally reside in the home of the foster family and children in foster care.</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. If applicable, have other children and adults (grandparents, aunts, nieces, cousins, etc.) who are part of the household been taken into consideration as to how they are affected by or have an effect on children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>

13. Do foster parents have legal custody or guardianship of any children in the home (other than children in foster care) that are not birth/legal children or relatives?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are foster parents keeping children for more than one child-placing agency?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are foster parents providing day care services on a regular basis in their home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion/Ethnic Heritage:</b>		
16. Do foster parents recognize, encourage, and support the religious beliefs, ethnic heritage, and language of children in their care?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do foster parents arrange transportation to religious services or ethnic events including those that may be different from their own, if the child desires to attend such events?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do foster parents coerce children into participation in religious activities or ethnic events against their will?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education:</b>		
19. Do foster parents take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and case plan?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do foster parents attend school conferences concerning children in their care and plan with school personnel when there are school problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do foster parents report serious situations to the Division (e.g. any situation that may affect the case plan or puts the child in jeopardy of suspension or expulsion)?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do foster parents have a positive attitude toward both academic and vocational education and are they willing to meet the individual needs of the children in their care?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employment/Financial Stability:</b>		
23. If both foster parents are employed, do they have suitable plans for care and supervision of children in their care before and after school, during holidays and vacations, and when children are ill and absent from school?	<input type="checkbox"/>	<input type="checkbox"/>
24. If employment is seasonal, does the family have compensatory income or savings for the off season?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the family's current financial stability verified (current pay stubs, income tax returns)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have any changes to the family's financial status been filed in the foster home record?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Interior:</b>		
27. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there adequate space for privacy, play, and study for all family members?	<input type="checkbox"/>	<input type="checkbox"/>
30. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
31. Does each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
32. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electric cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>

34. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
35. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
37. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similar dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
38. Are liquor and other alcoholic beverages kept out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
39. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
40. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
41. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
42. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>		
44. Do children sleep in a bedroom, not in a living room, dining room, or other room where others must pass through?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
47. Does each bedroom used for a child in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
48. Can bars, grilles, grates, or other items that block access to the window be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
50. Is each child in foster care provided with a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do children of the opposite sex share the same bedroom, if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
52. Do children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children sharing a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
53. Does any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
54. Are children in foster care, except infants under the age of 2, sharing a sleeping room with adults? <i>In the case of a grandparent to a child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
55. Is each child's bedding clean, in good condition, and laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>		
56. Is the home accessible to community resources needed by the children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>

57. Are the premises of the house, including the yard, garage or carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
58. Is the yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
59. Is the yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
60. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
61. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
62. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
63. Does the home have at least 2 exterior doors situated to provide safe exit, or does the home have a written statement from the Fire Department that an alternative escape route is approved?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>		
64. Does the home have a continuous supply of sanitary drinking water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
65. If water source is not a municipal water system, has the water been tested and approved annually by the Health Department?	<input type="checkbox"/>	<input type="checkbox"/>
66. If a water supply is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the foster family and approved?	<input type="checkbox"/>	<input type="checkbox"/>
67. Does the home have a safe sewage disposal system or has the septic system been tested and approved annually by the Health Department?	<input type="checkbox"/>	<input type="checkbox"/>
68. Does the family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
69. Do foster parents practice and document emergency evacuation drills with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear the home)?	<input type="checkbox"/>	<input type="checkbox"/>
70. Does the family have adequate toys that are safe and developmentally appropriate for children in foster care placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
71. Is the number of children placed in the foster home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
72. Is there a safety plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
<b>Transportation:</b>		
73. Do foster parents have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
74. Do all vehicles owned by the foster parents have liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
75. Is any vehicle used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
76. Do foster parents, and anyone else transporting children in foster care, have a valid driver's	<input type="checkbox"/>	<input type="checkbox"/>

license?		
77. Are children transported according to Arkansas law, including but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>		
78. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
79. Are foster parents aware of possible side effects of all medications and administer medications only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
80. Are all medications logged by the foster parent at the time they are administered and do the logs include child's name; time and date; medication and dosage; and initials of the person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>
81. Are age-appropriate children provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**DOCUMENTATION:**

<b><i>Is the following, or its equivalent, filed in the foster home record?</i></b>	<b>Yes</b>	<b>No</b>
1. SAFE update report?	<input type="checkbox"/>	<input type="checkbox"/>
2. Updated CFS-409: Foster/Adoptive Family Preference Checklist, if foster parents chose to make changes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Updated CFS-419: Foster Family Support System Information, if foster parents chose to make changes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Updated FFSS background checks for each FFSS household member, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
5. CFS-451: Foster Parent Reevaluation?	<input type="checkbox"/>	<input type="checkbox"/>
6. CFS-455: Request/Consent for Health Department Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
7. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
8. Written approval of septic system from Health Department, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any alternative compliance or policy waiver approvals, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
10. CFS-462A: Foster Home Agreement Addendum on each child currently placed in the foster home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Background Checks:</b>		
11. Current results of the CFS-342: State Police Criminal Record Check for each household member age 18 and older (which must be repeated every 2 years)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Current results of the CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 10 and older (which must be repeated every 2 years)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Current CFS-341: Certification of Absence of Criminal Record (which must be completed when any child turns 10), if applicable?	<input type="checkbox"/>	<input type="checkbox"/>

14. Current results of the APS-0001: Authorization for Adult Maltreatment Central Registry check for each household member age 18 and older?	<input type="checkbox"/>	<input type="checkbox"/>
15. Current results of an FBI Criminal Background Check for each household member age 18 and older? <i>Only original results are required as FBI check need not be repeated.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Training:</b>		
16. Documentation of a minimum of 15 hours of continuing education (Division or non-Division) that each foster parent has received in the last year, including the names of the courses and the dates of attendance?	<input type="checkbox"/>	<input type="checkbox"/>
17. Documentation that the foster parents maintain current certification in both CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
18. Documentation of an individualized training plan developed for the foster parents taking into consideration the age and characteristics of children for whom the foster parents have expressed preferences?	<input type="checkbox"/>	<input type="checkbox"/>
19. Documentation of the provision or identification of training opportunities for the foster parents to increase their skills and abilities as foster parents?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health:</b>		
20. Updated CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
21. Current record of health immunizations for each child in the home?	<input type="checkbox"/>	<input type="checkbox"/>
22. Current TB test results for each household member age 12 and older?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety:</b>		
23. Documentation of current auto insurance?	<input type="checkbox"/>	<input type="checkbox"/>
24. Documentation of current homeowner's or renter's insurance & general liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
25. If foster parents do not own the home, written approval from the owner that he/she has no objections to the foster parents caring for children in foster care in the home?	<input type="checkbox"/>	<input type="checkbox"/>
26. Documentation of current rabies vaccinations for all household pets, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
27. Current floor plan of the home with room dimensions?	<input type="checkbox"/>	<input type="checkbox"/>
28. Agency-approved safety plan for any noted hazards, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
29. Agency-approved safety plan for tornado safety?	<input type="checkbox"/>	<input type="checkbox"/>
30. Fire Department-approved alternate fire escape route, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations:</b>		
31. Does the closing summary include recommendations regarding age, sex, number, sibling group, special characteristics of children who should be placed in the home, and problems which can and cannot be handled?	<input type="checkbox"/>	<input type="checkbox"/>
32. Letter of continued approval or letter of notification of closure (in the case of closure, the reasons for closure stated and the foster family's right to appeal the decision)?	<input type="checkbox"/>	<input type="checkbox"/>

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Worker/Adoption Specialist Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**TRAINING:**

**1. Pre-Service**

- Yes No Does the record document a minimum of 30 hours of attendance and participation of foster parent applicant(s) in foster parent pre-service training?
- Yes No Does the record document that the foster parent(s) completed CPR and First Aid training and received certification in both areas prior to approval?

**2. Continuing**

- Yes No Does the record document a minimum of 15 hours of continuing/on-going education (Division or non-Division) that each foster parent has received in the last year? Including the name(s) of the course(s) and the date(s) of attendance.
- Yes No Does the record document that an individualized training plan was developed for the foster parent taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences?
- Yes No Does the record document the provision or identification of training opportunities for the foster parent(s) to increase their skills and abilities as foster parents?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Department of Human Services  
Division of Children & Family Services**

MEMORANDUM

TO: County Supervisor

FROM:

DATE:

RE: TRANSFER OF FOSTER HOME FROM ANOTHER COUNTY

Initial Resource Worker:

Initial County:

Date Home Opened:

Date of Transfer:

Transfer Resource Worker:

Transfer County:

Foster Parents' Names:

Provider Number:

This is to inform you that an open foster home has recently moved to your county, and due to a change in residence, they will need to be reevaluated. Please contact me or my supervisor if you have any questions.

Thank you,

Resource Worker Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**TRANSFER OF FOSTER HOME FROM ANOTHER COUNTY (if applicable):**

- Yes  No Does the record contain an updated home assessment/summary?
- Yes  No CFS-455 (Consent for Health Department Inspection)?
- Yes  No Does the record document that the foster family and foster family's physical surroundings continue to meet all standards for continued approval as a foster home? (Refer to CFS-475B)
- Yes  No Does the record contain a copy of the Provider/Resource information in CHRIS changing or transferring to a new resident county?
- Yes  No If exception of a standard/policy is necessary, was there obtained and filed in the record a written alternative compliance/policy waiver approved by the DCFS Director or the Child Welfare Licensing Board?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Department of Human Services  
Division of Children & Family Services  
Complaint Against Foster Family Other Than Child Maltreatment**

Resource Worker:

County:

Date of Review:

Foster Parents' Names:

Provider #:

Date Home Opened:

- Yes  No Does the record document foster family was advised, in writing, of:
- Yes  No the complaint(s) made against them, CFS-325 (Notification of Complaint Other than Child Maltreatment)?
  - Yes  No the outcome of the investigation, CFS-326 (Outcome of Complaint Investigation)?
  - Yes  No any corrective action(s) needed to be made, and/or action(s) that will be taken?
- Yes  No If applicable, is there filed in the record a written agreement between the County Office/Family Service Worker and the foster family establishing a corrective action plan to correct the problem(s) with the time frame(s) established by which the problem(s) will be resolved?
- Yes  No Is there recorded in the record what assistance the County Office/Family Service Worker/Division offered and/or made available to the foster family to correct the problem(s)?
- Yes  No In instances where corrective action is not possible/not successful, does record document there was a face-to-face discussion with the foster family to discuss closing the foster home?
- Yes  No Is there an investigation report filed in the record regarding the complaint? Did the report include the following information?
- Yes  No Date and nature of complaint?
  - Yes  No Source of Complaint?
  - Yes  No Reaction of foster family to complaint?
  - Yes  No Updated home assessment/summary?
  - Yes  No Services offered to family as a result of the complaint?
  - Yes  No Conclusion of investigation?
  - Yes  No Any corrective action(s) needed to be made?
  - Yes  No Action(s) taken as the result of compliance/non-compliance of corrective action(s) needed?

**Comments:**

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resource Worker/Adoption Specialist Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**PLACEMENT HISTORY:**

Does the record have filed?

- Yes  No Foster Home Agreement Addendum (CFS-462A) on each child placed in the foster home in the last six months?
- Yes  No A listing of the names of the children placed in the foster home?
- Yes  No Dates of placement and removal?
- Yes  No Reasons for removal?

**Comments:**

Family Service Worker/Evaluator's Signature: \_\_\_\_\_  
Name of Family Service Worker/Evaluator: \_\_\_\_\_  
Supervisor/Designee Signature: \_\_\_\_\_  
Name of Supervisor/Designee: \_\_\_\_\_  
Date: \_\_\_\_\_



**Arkansas Department of Human Services**  
**Division of Children & Family Services**  
**True Reports of Child Maltreatment Against Foster Family Members**

Resource Worker:

Date Home Opened:

Foster Parents' Names:

Provider #:

1. What type of maltreatment was reported?
2. What is the date of the report:
3. Who was/were the alleged victim(s)?
4. Who was/were the alleged offender(s)?
5. Was a corrective action or protection plan implemented?  Yes  No

If yes, briefly describe:

6. Was the true finding reversed on administrative appeal?  Yes  No Date of decision:
7. Was the true finding upheld on administrative appeal?  Yes  No Date of decision:
8. Did you print and file CFS-6001 (CHRIS report)?
9. Was the foster home closed?  Yes  No If yes, date home was closed:

Resource Worker Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Children & Family Services  
Checklist for Compliance  
Foster Home Record**

Reviewer: \_\_\_\_\_  
Foster Home: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Family Service Worker: \_\_\_\_\_  
County: \_\_\_\_\_

Date of Review: \_\_\_\_\_  
Date Home Opened: \_\_\_\_\_  
Date Home Closed: \_\_\_\_\_  
Date Home Re-Opened: \_\_\_\_\_  
Date Home Transferred to Another County: \_\_\_\_\_

**ONGOING MONITORING:**

- Yes  No Does the record document the foster family and the foster family's physical surroundings continue to meet all standards for approval as foster home? (Refer to CFS-475B)
- Yes  No Does the record document that the foster family meets the needs of the children placed in their home (physical, health, emotional, educational, recreational)?
- Yes  No Does the on-going narrative address issues related to work with the foster family, i.e., stress foster family may be experiencing related to foster parenting and common life stressors (i.e., financial difficulties; relationship conflicts with spouse, birth/legal child(ren), in-laws, etc.; illness or death of family member, close friend, etc.) on-going monitoring of the foster family and the foster family's physical surroundings for continued compliance with all standards for approval as a foster home, etc.?
- Yes  No The foster parent administers medications to the foster child in accordance with directions on the label, and logs all medications dispersed?
- Yes  No Foster parent is aware of possible side effects of all medications?

**Comments:**

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Service Worker/Evaluator's Signature: \_\_\_\_\_

Name of Family Service Worker/Evaluator: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_

Name of Supervisor/Designee: \_\_\_\_\_

Date: \_\_\_\_\_