

APPENDIX 4: Foster Home Records

08/2012

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-475-A: 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
- 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 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-462-A: 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-475-B: 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-475-C: 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-475-G: Checklist for Foster Home Closure, when appropriate
- Reevaluation Summary or Closure Summary

Back Left:

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

EXCERPT PUB-22: Standards of Approval for Foster and Adoptive Homes

PERSONAL QUALIFICATIONS OF APPLICANTS & HOUSEHOLD MEMBERS

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.

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.

EXCERPTS PUB-30: Foster Parent Handbook

Standards

of

Approval

Health - **All household family members must pass a medical exam (within six months prior to the approval) and have a doctor's recommendation at the time the home is initially approved. Each foster parent and every family member must repeat the exam yearly to remain in compliance.**

Reevaluation of Foster Homes

The Resource Worker will monitor the foster home at least quarterly for continued compliance with the minimum licensing standards and policy requirements and complete CFS-475(F): Checklist for Compliance.

Foster homes must be reevaluated annually (i.e., no later than the anniversary month of the foster home's approval), to assure that they continue to meet all standards and policy requirements. Any foster home that does not continue to meet standards will be closed. The Resource Worker or designee will formally review each foster home and complete CFS-475 (A-C): Checklist for Ongoing Monitoring and CFS-451: Foster Parent Reevaluation. The review will be filed in the foster home record.

This reevaluation is necessary to ensure that changes in the family, either physical changes or changes in attitudes, do not adversely affect children placed in that home. After having actually experienced children in foster care in the home, one may have very different feelings about foster parenting and the ability to work with different types of children. The opportunity will be provided to express any changes in feelings subsequent to the last approval, evaluation, or reevaluation. Also, a Resource Worker may assess the family's ability as shown by past experiences with children in foster care. This information will be recorded in the foster home record to be used by any Resource Worker placing or supervising a child in that home.

The foster parent reevaluation packet will be mailed or hand-delivered to be completed prior to the home visit by the resource worker. The resource worker will make an appointment to conduct the reevaluation, review the completed packet, and interview the family. The foster parent reevaluation form will be filed in the foster home record and a narrative entry will also be made in the record that reflects the resource worker's assessment of the following items:

- Continued compliance with Minimum Licensing Standards
- Continuing education compliance
- Maintenance of current CPR Certification and First Aid training
- How the family has met the needs of the children placed, including physical, emotional, educational and recreational needs
- Identification of persons in the home at the time of the reevaluation
- Attitudes toward birth/legal parents
- Impressions and Evaluation
- Objective evaluation of present and future capacity as a foster home
- Strong points of the foster home
- Weak points of the foster home
- How the family has met the needs of the children placed in the home
- Health and Financial Status

EXCERPTS PUB-30: Foster Parent Handbook

- Declaration on status of other applicable requirements, such as physician's exam, criminal record checks, motor vehicle check, and telephone
- Recommendations
- Age, sex, and special characteristics of children who should be placed in the home
- Problems which can and cannot be handled
- Recommended length of placement desirable

(For reference, see CFS-451: Foster Parent Reevaluation)

The Resource Worker will notify the family of the disposition of the reevaluation in writing within 10 days. When re-approved, the family will receive a reevaluation letter.

Initial Health Screening

A child who enters the custody of DHS shall receive an initial health screening:

- Not more than 24 hours after removal from home, if the reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury; and
- Not more than 72 hours after removal from the home for all other children.

The foster parent should accompany the child to the initial screening, and to any appointments for on-going health or mental health services. If this is not possible, the foster parent shall be available by telephone to the person conducting the screening. The Family Service Worker or Health Service Unit shall inform the foster parent of the results of the screening, and any instructions for the child's care and treatment, and shall give the foster parent the name of the person who performed the screening, and the names of the child's prior health care providers, if known.

The initial health screening should include a head-to-toe physical. If possible, the physical should be conducted by the child's Primary Care Physician (PCP). Within the first 30 days the following tests will be conducted:

- Complete blood count;
- Check for anemia and infection;
- Abnormalities in the urine (urinalysis);
- HIV, sickle cell, tuberculosis, and other communicable diseases, shall be considered for children in high risk groups.

Immunizations, and lead poisoning levels are usually completed at the local County Health Office.

Upon completion of the initial health screening, the Family Service Worker or Health Service Unit shall complete the CFS-362: Medi-Alert and give a copy to the child's foster parent.

All health screening requirements conform to the Child Welfare League of America's 2004 Standards for Health Care Services for Children in Out-of-Home Care..



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:

Have you completed the following steps and/or filed appropriate documentation in the foster/adoptive home record?	Yes	No
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. CFS-484: Landlord Notification of Potential Tenant Foster Care Services, 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"/>
For Provisional Foster Homes only:		
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: _____