

APPENDIX 4: Foster Home Records

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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
- ~~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 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



**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

Does the foster family continue to meet the following standards of approval?	Yes	No
Age:		
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"/>
Health:		
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"/>
Relationship Stability:		
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"/>
Family Composition:		
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"/>
Religion/Ethnic Heritage:		
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"/>
Education:		
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"/>
Employment/Financial Stability:		
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"/>
Home Requirements—Interior:		
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"/>
Sleeping Arrangements:		
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"/>
Home Requirements—Exterior:		
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"/>
Home Requirements—Other:		
64. Does the home have a continuous supply of sanitary drinking water?	<input 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?	<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:		
Transportation:		
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 license?	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Medications:		
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:

<i>Is the following, or its equivalent, filed in the foster home record?</i>	Yes	No
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. Any alternative compliance or policy waiver approvals, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
9. CFS-462A: Foster Home Agreement Addendum on each child currently placed in the foster home?	<input type="checkbox"/>	<input type="checkbox"/>
Background Checks:		
10. 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"/>
11. 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"/>
12. 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"/>
13. 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"/>

14. 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"/>
Training:		
15. 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"/>
16. Documentation that the foster parents maintain current certification in both CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
17. 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"/>
18. 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"/>
Health:		
19. Updated CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
20. Current record of health immunizations for each child in the home?	<input type="checkbox"/>	<input type="checkbox"/>
21. Current TB test results for each household member age 12 and older?	<input type="checkbox"/>	<input type="checkbox"/>
Safety:		
22-21. Documentation of current auto insurance?	<input type="checkbox"/>	<input type="checkbox"/>
23-22. Documentation of current homeowner's or renter's insurance & general liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
24-23. 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"/>
25-24. Documentation of current rabies vaccinations for all household pets, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
26-25. Current floor plan of the home with room dimensions?	<input type="checkbox"/>	<input type="checkbox"/>
27-26. Agency-approved safety plan for any noted hazards, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
28-27. Agency-approved safety plan for tornado safety?	<input type="checkbox"/>	<input type="checkbox"/>
29-28. Fire Department-approved alternate fire escape route, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations:		
30-29. 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"/>
31-30. 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: _____

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.

~~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.

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

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

EXCERPTS PUB-30: Foster Parent Handbook

- 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
- Declaration on status of other applicable requirements, such as physician's exam, TB test, 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-45 I: 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.

EXCERPTS PUB-30: Foster Parent Handbook

All health screening requirements conform to the Child Welfare League of America's [2004-1988](#) Standards for Health Care Services for Children in Out-of-Home Care. ~~as mandated by the Arkansas Child Welfare Reform Document, Attachment "A", dated February 24, 1992.~~

MARKUP