

FAMILY FOSTER HOME LICENSING MONITORING RECORD

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| Family Foster Home Name | Provider Number | Foster Parent Present |
| Home Address (Street, City, Zip Code) and Telephone Number | | |
| Licensing Representative's Name and Telephone Number | | Date and Time of Visit: Date: From: To: |

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| RULE EVALUATED | 402.8 General Requirements for the Foster Home |
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| OBSERVATIONS | CIRCLE ONE | | COMMENTS, DISCUSSIONS, CORECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.) |
|--|------------|----|---|
| | Yes | No | |
| Is home clean, well ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards? | Yes | No | Explain: |
| Portable Heater? | Yes | No | If yes, locations: |
| Operable Smoke Detectors? | Yes | No | If no, explain: If yes, locations: |
| Prescription and Non-Prescription Drugs? | Yes | No | If yes, locations: |
| Dangerous Household Cleaning Supplies? | Yes | No | If yes, locations: |
| Weapons and Ammunition? | Yes | No | If yes, locations: |
| Pets in the Household, if applicable? | Yes | No | : |
| Up-to-date on Rabies and other required inoculations? | Yes | No | If no, please explain: |
| Household pets were observed and found to be well-kept, healthy and well-socialized with household members? | Yes | No | If no, please explain: |
| Any household pets on the premises have a history of aggression? | Yes | No | If yes, explain: |

Review of this first of six monitoring record pages is hereby acknowledged:

Foster Parent--Initial Here: _____

Licensing Representative--Initial Here: _____

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| Family Foster Home Printed Name: |
| Licensing Representative's Printed Name: |

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|--|---|----|---|
| RULE EVALUATED | 402.8 General Requirements for the Foster Home | | |
| OBSERVATIONS | CIRCLE ONE | | COMMENTS, DISCUSSIONS, CORECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.) |
| Operable Telephone? | Yes | No | If no, explain telephone arrangement: |
| Observable Hazards? | Yes | No | If yes, location and safety plan: |
| Pools, Ponds, Hot Tubs, or Open Waterways? | Yes | No | If yes, location and safety plan: |
| Household Water Temperature in Compliance? | Yes | No | If no, explain: |

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| RULE EVALUATED | 402.9 Requirements for Sleeping Arrangement | | |
| Foster Child/ren's Bedroom/s | BR#___: ___X___=___square feet Equipped with ___windows | BR#___: ___X___=___square feet Equipped with ___windows | BR#___: ___X___=___square feet Equipped with ___windows |
| | BR#___: ___X___=___square feet Equipped with ___windows | BR#___: ___X___=___square feet Equipped with ___windows | BR#___: ___X___=___square feet Equipped with ___windows |

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| RULE EVALUATED | 402.10 Nutrition and Meals | | |
| Section 402.10 Discussed? | Yes | No | |

Review of this second of six monitoring record pages is hereby acknowledged:

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Licensing Representative--Initial Here: _____

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|--|
| Family Foster Home Printed Name: |
| Licensing Representative's Printed Name: |

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| RULE EVALUATED | 402.11 Business and Employment of Foster Family |
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| Name/s of Employer/s, Business/es, or both: |
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|--------------------------|------------|----------|---|
| Full Time? Part Time? | Yes Yes | No No | Approximate Number of Hours Per Week Per Foster Parent: |
|--------------------------|------------|----------|---|

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| RULE EVALUATED | 402.12 Qualifications of Foster Parent |
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| OBSERVATIONS | CIRCLE ONE | COMMENTS, DISCUSSIONS, CORECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.) |
|--|------------|---|
| Foster Parents are Meeting Monthly Expenditures? | Yes No | If no, explain: |
| Changes in Household Composition? | Yes No | If yes, answer the following question and explain: |
| Has licensed capacity been reassessed, if household composition changed? | Yes No | If no, explain: |

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| RULE EVALUATED | 402.12 Training |
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| Section 402.12 Discussed? | Yes | No | If no, explain: |
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| RULE EVALUATED | 402.13 Background Inquiry |
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|---------------------------------------|-----|----|-----------------|
| Current Driver's Licenses Verified? | Yes | No | If no, explain: |
| Current Liability Insurance Verified? | Yes | No | If no, explain: |
| Driving Record/s Discussed? | Yes | No | If no, explain: |

Review of this third of six monitoring record pages is hereby acknowledged:

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Licensing Representative--Initial Here: _____

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| RULE EVALUATED | 402.14 Health of the foster Family |
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| Any Health Related issues | Yes | No | Discuss: |
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| RULE EVALUATED | 402.15 Number and Ages of Children Served |
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Number and Dates of Birth of Children Currently in Placement: _____ Age Range: _____ to _____ Capacity _____

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| RULE EVALUATED | 402.16 Meeting Basic Needs of Children |
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|---------------------------------------|-----|----|-----------------|
| Child/ren Properly Supervised? | Yes | No | If no, explain: |
| Child/ren Have Adequate Clothing? | Yes | No | If no, explain: |
| Child/ren Receive Personal Allowance? | Yes | No | If no, explain: |

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| RULE EVALUATED | 402.17 Health Care of Children |
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| OBSERVATIONS | CIRCLE ONE | COMMENTS, DISCUSSIONS, CORECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.) |
| Foster Children Taking Medication? | Yes | No |
| If applicable, Medication Log Discussed and Observed? | Yes | No |

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| RULE EVALUATED | 402.18 Religion |
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| Foster Parent Respects Religious Background of Child? | Yes | No | If yes, how is this achieved? |
| | | | If no, explain: |
| If applicable, Observed Foster Parent's Signed Copy of Religious Waiver? | Yes | No | If no, explain: |

Review of this fourth of six monitoring record pages is hereby acknowledged:

Foster Parent--Initial Here: _____

Licensing Representative--Initial Here: _____

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| RULE EVALUATED | 402.21 Discipline of Children | | |
| Foster Parent is aware that the Department forbids Corporal Punishment, Verbal Abuse, Threats, or Derogatory Remarks about the Child or the Child's Family? | Yes | No | If no, explain and discuss: |
| Discussion of the Form of Discipline Utilized by Foster Family? | Yes | No | If yes, describe what the family utilizes: If no, explain: |

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| RULE EVALUATED | 402.23 Release of Children | | |
| Section 402.23 Discussed? | Yes | No | |

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| RULE EVALUATED | 402.24 Confidentiality | | |
| OBSERVATIONS | CIRCLE ONE | COMMENTS, DISCUSSIONS, CORECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.) | |
| Section 402.24 Discussed? | Yes | No | |

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| RULE EVALUATED | 402.25 Written Consents | | |
| Section 402.25 Discussed? | Yes | No | |

Review of this fifth of six monitoring record pages is hereby acknowledged:

Foster Parent--Initial Here: _____

Licensing Representative--Initial Here: _____

INSTRUCTIONS

CFS 597-FFH, Family Foster Home Licensing Monitoring Record

PROCEDURE

1. The Licensing Representative will complete the original **CFS 597-FFH** during the visit to the foster family home, which will be filed in the Department licensing record.
2. The original **CFS 597-FFH** will be photocopied and the photocopy will be forwarded to the foster family home licensee.

INSTRUCTIONS

Detailed instructions for those sections that may not be self-explanatory follow:

Foster Parent Present — Record the name of the foster parent who is at the home during the visit.

Observations, Comments, and Corrective Action Compliance Date — Indicate compliance, non-compliance, improvement, deterioration, and so forth. In situations of non-compliance, record exactly what was observed and indicate corrections to be made. Be specific.

The foster parent present may respond during the discussion of the evaluated sections of the rule. Relevant circumstances may be included under Comments, Discussions, and Corrective Action Compliance Date.

Compliance Date — The licensing representative will establish a specific date of compliance for each issue of non-compliance, if any. The foster parent is expected to meet this deadline and should anticipate a visit from the licensing representative to verify that compliance has been achieved.

Review of this monitoring record is acknowledged. — The foster parent present should initial every page and sign the final page of this form to acknowledge that he or she has reviewed the findings. The signature of the foster parent present, as recorded in the identifying information at the top of the form, acknowledges only review of **CFS 597-FFH**; it does not imply agreement with the licensing representative's findings. If the foster parent present chooses not to initial or sign the form, the licensing representative will record this under Observations, Comments, and Corrective Action Compliance Date.