

**FAMILY FOSTER HOME LICENSING MONITORING RECORD**

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:

<b>PLACEMENT HOLDS</b>
Is the home on a voluntary or involuntary hold?    Yes    No
If yes, type of hold?    Voluntary    or    Involuntary
If yes, what is the justification for continuing the hold?

<b>RULE EVALUATED</b>	<b>402.8    General Requirements for the Foster Home</b>
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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.)
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:

*Review of this first of seven monitoring record pages is hereby acknowledged:*

Foster Parent--Initial Here: \_\_\_\_\_

Licensing Representative--Initial Here: \_\_\_\_\_

**FAMILY FOSTER HOME LICENSING MONITORING RECORD**

Family Foster Home Printed Name:			
Licensing Representative's Printed Name:			
<b>RULE EVALUATED</b>	<b>402.8 General Requirements for the Foster Home</b>		
OBSERVATIONS	CIRCLE ONE		COMMENTS, DISCUSSIONS, CORRECTIVE ACTION COMPLIANCE DATE, (If non-compliance is observed, include the specifics of non-compliance and the corrections required.)
Weapons and Ammunition?	Yes	No	If yes, locations:
Pets in the Household, if applicable? Up-to-date on Rabies and other required inoculations?	Yes	No	If no, please explain:
	Yes	No	
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:
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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Family Foster Home Printed Name:
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<b>RULE EVALUATED</b>	<b>402.9 Requirements for Sleeping Arrangement</b>				
Foster Child/ren's Bedroom/s	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">BR# ___: ___ X ___ = ___ square feet Equipped with ___ windows</td> <td style="width:50%; border: none;">BR# ___: ___ X ___ = ___ square feet Equipped with ___ windows</td> </tr> <tr> <td style="border: none;">BR# ___: ___ X ___ = ___ square feet Equipped with ___ windows</td> <td style="border: none;">BR# ___: ___ X ___ = ___ square feet Equipped with ___ windows</td> </tr> </table>	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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<b>RULE EVALUATED</b>	<b>402.10 Nutrition and Meals</b>			
Section 402.10 Discussed?	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;">Yes</td> <td style="width:10%; border: none;">No</td> <td style="width:80%; border: none;"></td> </tr> </table>	Yes	No	
Yes	No			

<b>RULE EVALUATED</b>	<b>402.11 Business and Employment of Foster Family</b>
Name/s of Employer/s, Business/es, or both:	

Full Time?	Yes	No	Approximate Number of Hours Per Week Per Foster Parent:
Part Time?	Yes	No	

<b>RULE EVALUATED</b>	<b>402.12 Qualifications of Foster Parent</b>		
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 has changed?	Yes	No	If no, explain:

*Review of this third of seven monitoring record pages is hereby acknowledged:*

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<b>RULE EVALUATED</b>	<b>402.12 Training</b>		
Section 402.12 Discussed?	Yes	No	If no, explain:
<b>RULE EVALUATED</b>	<b>402.13 Background Inquiry</b>		
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:

<b>RULE EVALUATED</b>	<b>402.14 Health of the foster Family</b>		
Any Health Related issues	Yes	No	Discuss:

<b>RULE EVALUATED</b>	<b>402.15 Number and Ages of Children Served</b>		
Number and Dates of Birth of Children Currently in Placement: _____ Age Range: _____ to _____ Capacity _____			

<b>RULE EVALUATED</b>	<b>402.16 Meeting Basic Needs of Children</b>		
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:

*Review of this fourth of seven monitoring record pages is hereby acknowledged:*

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**FAMILY FOSTER HOME LICENSING MONITORING RECORD**

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<b>RULE EVALUATED</b>	<b>402.17 Health Care of Children</b>		
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 no, explain:
If applicable, Medication Log Discussed and Observed?	Yes	No	

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

<b>RULE EVALUATED</b>	<b>402.21 Discipline of Children</b>		
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:

*Review of this fifth of seven monitoring record pages is hereby acknowledged:*

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<b>RULE EVALUATED</b>	<b>402.23 Release of Children</b>		
Section 402.23 Discussed?	Yes	No	
<b>RULE EVALUATED</b>	<b>402.24 Confidentiality</b>		
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	
<b>RULE EVALUATED</b>	<b>402.25 Written Consents</b>		
Section 402.25 Discussed?	Yes	No	
<b>RULE EVALUATED</b>	<b>402.26 Records to be Maintained</b>		
Section 402.26 Discussed?	Yes	No	

*Review of this sixth of seven 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.