



Illinois Department of Children and Family Services

**Certification of Re-Examination of Licensed Foster Home Following “Indicated”
Child Abuse/Neglect Finding**

Foster Parent’s Name and Address:

Provider ID#: _____

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This will certify that I conducted an on-site re-examination of the above-cited licensed foster family home to determine if the home continues to meet licensing standards on the following date: _____

I/we certify that the foster family home:

- Does continue to meet licensing standards with a corrective plan.
- Does continue to meet licensing standards without a corrective plan (no substantiated violations).
- Does not continue to meet licensing standards and enforcement packet to revoke license will be submitted within 30 days.
- Licensee has surrendered license and the ILS to close/surrender will be submitted within 5 business days.

I/we understand that annual on-site re-examinations must be conducted and that the date of each such re-examination must be recorded in the licensing data system.

(Signature, Licensing Worker)

(Signature, Licensing Supervisor)

(Date)

(Date)