



Arkansas Department of Human Services
Division of Children and Family Services
IN HOME CONSULTATION VISIT REPORT

Date Completed Inquiry/Info Meeting (if applicable): _____

Date of Initial Contact: _____ Date of Home Visit: _____ County: _____

TYPE OF HOME: ☐ PROVISIONAL RESOURCE ☐ TRADITIONAL RESOURCE ☐ ADOPT ONLY

Provider Number: _____

Address, City, State, Zip: _____

For provisional families, please refer to the CFS-450 for certain demographic and training preference information. The Resource Worker will attach the CFS-450 and CFS-446 together in the provider record for provisional families so these documents may be read together. If any fields below are not already captured on the CFS-450, please record in the applicable fields below.

Applicant Name: _____ Household Member ID: _____

Age: _____ DOB: _____ Race: _____ Highest Grade Completed: _____

Citizenship: ☐ U.S. Citizen ☐ Legal Permanent Resident (green card) ☐ Non-citizen

Religious Preference: _____

Primary Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Email Address (highly encouraged): _____

Joint Applicant Name: _____ Household Member ID: _____

Age: _____ DOB: _____ Race: _____ Highest Grade Completed: _____

Citizenship: ☐ U.S. Citizen ☐ Legal Permanent Resident (green card) ☐ Non-citizen

Religious Preference: _____

Primary Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Email Address (highly encouraged): _____

Have the heads of household completed the online training? Yes ☐ No ☐ *Online training must be completed prior to first classroom training session. Please ask the applicant to select the applicable online training – either traditional or provisional.*

Preferred Training Timeframe (note: marking a selection does not guarantee that preference is available):

☐ Week Nights ☐ Weekends ☐ No preference

Preferred Modality (note: marking a selection does not guarantee that preference is available):

☐ In-person ☐ Zoom ☐ No preference

FAMILY COMPOSITION

☐ Two-Parent Household ☐ Single-Parent Household

PREVIOUS MARRIAGES

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)
Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

MILITARY HISTORY

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (college-age children, stepchildren)

NAME	DOB	Age	M/F	RELATIONSHIP TO APPLICANT(S)	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

PETS (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL INFORMATION

1. Have the applicants previously applied or been approved to foster? Yes ☐ No ☐

If yes, please provide agency name, city, and date: _____

2. Have the applicants ever been denied to foster? Yes ☐ No ☐

If yes, please explain: _____

3. Have the applicants previously applied or been approved to adopt? Yes ☐ No ☐

If yes, please provide agency name, city, and date approved: _____

4. Have the applicants ever been denied for adoption? Yes ☐ No ☐

If yes, please explain: _____

5. Can the applicants provide reliable transportation for children in foster care? Yes ☐ No ☐

6. Do the applicants have any pending legal actions? Yes ☐ No ☐

If yes, please provide a brief explanation: _____

7. Do any roomers or boarders reside in the home? Yes ☐ No ☐

8. Do applicants and/or other household members smoke? Yes ☐ No ☐

If yes, please list names: _____

9. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room?

10. What is each applicant's daily routine?

11. If the applicants work outside of the home, what are the child care plans?

12. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).

13. Describe the family's support system (extended family, neighbors, friends, church, community).

14. Please list any medications you are currently taking and the conditions the medications are prescribed to treat.

RESOURCE PARENT RESPONSIBILITIES

As outlined in Minimum Licensing Standards for Placement set forth by the Child Welfare Agency Review Board, the following are the responsibilities of resource parents. It is important for resource parents to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.

1. Provide the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into the home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards, and risks.
2. Provide each child with adequate and nutritious food.
3. Provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
4. Provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and gender, and comparable to community standards.
5. Allow children in foster care to acquire and keep personal belongings.
6. Fully cooperate with DCFS's efforts to achieve the case plan goals for each child in foster care, including family time (visitation).
7. Provide routine transportation for each child.
8. Attend and participate in case planning and case plan reviews.
9. Attend school conferences concerning a child in foster care and notify DCFS of any situations that may affect the case plan or require agency involvement.
10. Notify DCFS promptly of serious illness, injury, or unusual circumstances affecting the health, safety, or welfare of the child in foster care.
11. Cooperate with DCFS and the Placement and Residential Licensing Unit through the Division of Child Care and Early Childhood Education in conducting inspections and investigations and provide information required to verify compliance with rules.
12. Maintain absolute confidentiality of private information about each child in foster care and the birth family.
13. Give advance notice to DCFS of any major changes that affect the life and circumstances of the resource family, including a change of residence, whenever possible.
14. Keep a life book for each child in foster care that includes:
 - a. Periodic photographs of the child;
 - b. A record of the child's memberships, activities, and participation in extracurricular school or faith activities;
 - c. Trophies, awards, ribbons, etc.Provide these items to the child upon change in placement.
15. Ensure each child has sufficient sleep for their age and physical condition.
16. Instruct each child in good grooming and personal hygiene habits.
17. Provide each child with opportunities for regular recreational activities and exercise.
18. Ensure each child is provided with age-appropriate activities and equipment.
19. Monitor and time limit the use of television, videos, computer games, and other screen time activities.

20. Comply with the rules and responsibilities of the Placement Agreement developed by DCFS.
21. Not engage in the use of illegal substances, abuse alcohol by consuming in excessive amounts, or abuse legal prescription drugs or non-prescription drugs by consuming them in excess amounts or using them contrary to as prescribed or indicated.
22. Adhere to the DCFS reasonable and prudent parent standard.

I acknowledge that I was informed of these Resource Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker has informed me of the standards of approval that must be met in order to obtain approval as a resource home.

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker Name

Date

Signature

EMPLOYMENT INFORMATION Include places of employment for the last 6 years, beginning with current place of employment. *For traditional applicants, do not complete this page during the IHC as it should have been previously captured via CFS-407: Resource Applicant Employment Information and provided to the Resource Worker (RW) from the Centralized Inquiry Unit. If the RW does not have the CFS-406 for traditional applicants, please complete the section below. RW must complete this section for provisional applicants.*

APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
JOINT APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours

FINANCIAL STATEMENT Recent check stubs and the previous year's income tax return are required for verification. *For traditional applicants, do not complete this page during the IHC as it should have been previously captured via CFS-406: Resource Applicant Financial Statement Worksheet and provided to the RW from the Centralized Inquiry Unit. If the RW does not have the CFS-407 for traditional applicants, please complete the section below. RW must complete this section for provisional applicants.*

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
Savings		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
Insurance Coverage		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Crd #2	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary):

RESOURCE HOME REQUIREMENTS	YES	NO	N/A
Home Requirements—Interior:			
1. Resource parents reside in the same single-family unit with children in foster care (i.e., no separate living quarters for resource parents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean and free from hazardous materials, dangerous objects, and dangerous conditions. This applies to interior halls and doors which must not be blocked or cluttered to prevent easy passage or exit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of rodent and insect infestation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoke free (including free from vaping and e-cigarettes) and all resource parents have signed a certification indicating this agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Continuous supply of sanitary drinking water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the source is not a municipal water system, the water has been tested and approved by the AR Dept. of Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If the water supply did not pass inspection, a CFS-455: Consent for Health Department Services, Alternative Compliance of Water Supply Agreement has been established with the family. If the family is using bottled water and purified water for bathing (if infants or children under the age of 5 are placed in the home), this is noted on the CFS-455, signed by the resource parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Equipped with a fully operating kitchen, complete with a sink with hot and cold running water, refrigerator, stove and oven.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Equipped with at least 1 flushable toilet, 1 sink with running water, and 1 bathtub and/or shower with cold and hot running water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sufficient lighting, ventilation, and plumbing for safe and comfortable living. This applies to bedrooms which have windows that provide natural light and ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Heating, ventilating, and air conditioning source maintained in safe operating condition that keeps the temperature a minimum 65 degrees to maximum 85 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adequate space for privacy, play, and study for all household members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sufficient seating for all household members to eat together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Adequate space for storing clothing and personal belongings for each child, in or near his/her bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Adequate toys that are safe and developmentally appropriate for children placed in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Free of obvious fire hazards (e.g., defective electrical appliances or electrical cords, excessive use of extension cords, defective heating equipment) or improperly stored flammable materials. This includes the requirement that all heating units (e.g., radiators, fireplaces, wood stoves, gas or electric heaters, steam and hot water pipes), with hot external areas within reach of children, are screened or otherwise shielded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Operational smoke detector on each level of the home to include operational smoke detector in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Operational chemical fire extinguisher, readily accessible, near the cooking area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Carbon monoxide detector on each level of occupancy of the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Safe operating water heater that has a recommended temperature at or below 120-degrees Fahrenheit, as tested at the plumbing fixture nearest the water heater.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Adequate first aid supplies for emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Proper trash and recycling disposal (if recycling is available where the home is located) in such a way as not to constitute a health or safety hazard and keep all garbage and other waste in a suitable covered receptacle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. All poisonous materials, cleaning supplies, other hazardous materials (insecticides, gasoline, hazardous tools, knives) and alcoholic beverages in an area not ready accessible to children, as appropriate for the age and development of each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Operational telephone. Working cell phones kept on the premises are accessible, but the phone will be accessible for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emergency phone numbers (911, fire, ambulance, poison control, and responsible adult to contact in case of emergency) in a prominent place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. All firearms maintained in a secure, locked location or secured by a trigger lock. Securing of firearms extends to any weapon which could reasonably be a threat to a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. All ammunition secured and locked separately from firearms unless they are stored in a safe, handgun safe, or a long gun safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Agency approved safety plan for any noted hazards signed by all caregivers in the home and an agency representative. If yes, please identify which type(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Proof of current rabies vaccinations as required by Arkansas law for all household pets provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. For any methods of surveillance used in the home, information about the use and location of surveillance provided to DCFS and each child in foster care, as age and developmentally appropriate. This includes baby monitors or other forms of surveillance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Satisfactory living space for all persons in the home provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Arrangements:	YES	NO	N/A
32. Each household occupant has a bedroom that provides privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Children in foster care sleep in a bedroom, not in a living room, dining room, or any other room where others may pass through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Each bedroom, including the master bedroom, has at least 50 square feet of floor space per occupant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Each bedroom that is used for children in foster care has a window to the outside, which can serve as an emergency escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Bars, grilles, grates, or other items that block access to the window can 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. No more than 4 children share a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Each child in foster care has a safe bedroom as appropriate for the child's needs and age, that includes a bed with a mattress, sheets, pillow, pillowcase, and adequate cover, all in good condition, and similar to other household members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Bedding is changed at least weekly and more often if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Children of the opposite sex do not share the same bedroom if either child is 4 years old or older, except for a parent in foster care with his or her child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. No children share a bed if either child is 4 years or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Children under age 6 do not occupy a top bunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Children in foster care do not share a sleeping room with an adult except for infants under the age of 2. <i>In the case of a grandparent to a child or a teen parent in foster care with his or her child, this age would increase through age 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. All cribs for children have a current certification of compliance consistent with Consumer Product Safety Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Children 12 months of age and below are placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome. <i>If a child rolls over on their own, there is no requirement to reposition the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. If there is a medical reason a child cannot sleep on their back, a signed statement from the child's physician will be in the resource home file state the reason, the sleep position indicated, and the timeframe required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Resource parents do not co-sleep or bed share with a child in foster care of any age, including infants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. No "rock and plays" or similar devices are used as a place of sleep for the infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Requirements—Exterior/Community:	YES	NO	N/A
49. Occupied by an individual or family and is the primary residence of the individual or family. Location is zoned for single family use and has an individual address for emergency response purposes (i.e., 911).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Grounds and all structures on the property are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards. This includes the grounds being free from hazardous materials, dangerous objects, and dangerous conditions (e.g., debris, uncovered cisterns). This also includes the yard, garage, carport, any storage areas, basement, and attic (if applicable and if accessible).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Accessible to community resources needed by children in foster care to ensure access to available education, religious or spiritual opportunities, recreation, visits with parents, supervision by the Division, and medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Has at least one (1) exterior door that exits directly to the outside or has an	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

alternate fire escape route.			
53. Yard large enough to provide ample outdoor play space for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Has fence or barrier to prevent a child's access to a busy street, highway, or other dangerous area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Any outdoor play equipment is safe, hazard-free, and properly anchored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. No signage or advertising related to supporting a supporting recruitment agency, to include signage on vehicles used to transport children in foster care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. If residence is a mobile home, it is properly installed and stabilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. If the manufactured home is in a mobile home park, there is sufficient fenced play space outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. If residence is a manufactured home, an agency approved safety plan for tornado safety has been developed, signed by all caregivers in the home, and a DCFS representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Water safety plan for supervision of children during water activities has been signed by all caregivers in the home and a DCFS representative. This plan includes the agreement that resource parents shall not permit a child to enter a pool area unless accompanied by an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. In-ground pools must be enclosed or have an approved manually or power-operated child safety cover that meets the standards of the American Society of Testing and Materials (ASTM) adopted by the Consumer Product Safety Commission. <ul style="list-style-type: none"> a. An "approved safety pool cover" means a manually or power-operated safety pool cover that meets the standards of ASTM adopted by the Consumer Product Safety Commission, in compliance with standard F1346-91. b. Solar pool covers and winter pool covers are not safety covers. c. ASTM (1996) requires that a pool cover be able to hold a minimum of 485 pounds per five (5) square feet in order to qualify as a safety cover. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. In-ground pools without an approved child safety cover are protected by an enclosure (e.g., wall, fence, or barrier) that surrounds the pool area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Unless local codes provide otherwise, the pool enclosure, as applicable: <ul style="list-style-type: none"> a. Entirely encloses the pool area; b. Is at least four (4) feet high; c. Has a method of access through the enclosure equipped with a safety device, such as a bolt lock. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. All above ground pools have: <ul style="list-style-type: none"> a. Non-climbable exterior side walls with a minimum height of four (4) feet; and, b. Access ladders or steps that are removable and able to be secured when pool is not in use. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. All portable pools (inflatable and wading pools) are fenced or emptied after every	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

use.			
66. Swimming pools are equipped with a life saving device such as a ring buoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Swimming pools that cannot be emptied after each use will have a working pump and filtering system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Hot tubs and spas have locking safety covers that are locked when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Planning:	YES	NO	N/A
69. A plan for evacuation has been developed in the event of a fire and/or seeking shelter from a storm or tornado. The plan outlines the exits in the home, is approved by DCFS, and is posted within the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Family has been informed that tornado and fire drills must be performed and documented via CFS-369 with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation:	YES	NO	N/A
72. Applicants 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"/>	<input type="checkbox"/>
73. All vehicles owned by the applicants have liability insurance and documentation has been provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Any vehicle to be used to transport children in foster care is insured and maintained in compliance with Arkansas motor vehicle laws and is insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Applicants and anyone else transporting children in foster care have a valid driver's license. <i>The requirement for a driver's license may be waived for provisional applicants on a case by case basis if an acceptable plan to transport children placed in their home to school, court dates, medical appointments, etc. is approved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Children will be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions. <i>Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger and DCFS policy prohibits smoking in the presence of any child in foster care. Arkansas state law also requires children who are 5 and younger and children who weigh less than 60 pounds to ride in a child safety seat. The American Academy of Pediatrics also has these additional recommendations:</i> <ul style="list-style-type: none"> • Infants and toddlers should ride in a rear-facing car seat until they are at least two years of age or until they reach the highest weight or height allowed by the car seat's manufacturer. • Toddlers and preschoolers up to approximately four-years-old or 40 pounds should ride in a forward-facing car seat with harness straps. • Children who have outgrown the highest weight and height allowed by the forward-facing car seat's manufacturer should ride in a belt-positioning booster seat until they reach 4'9" tall. • All children over 4'9" and younger than 13 years of age should always ride in the backseat. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications:	YES	NO	N/A
77. Applicants have been informed that medications for children in care will be administered only in accordance with the directions on the label and, as resource parents, they will be aware of possible side effects of all medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. All over-the-counter medications stored in an area not readily accessible to children, according to the age and development of each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Medication stored in accordance with pharmaceutical recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. All prescription medications, excluding Epi-pens, inhalers, and glucagon kits, are locked. Acceptable methods of locking prescription medications include safes, cabinets fastened by magnetic cabinet locks or similar devices, or containers secured with a padlock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Applicants have been informed that if an age-appropriate and developmentally cable child is provided or has access to non-narcotic prescriptions, there must be an approved safety plan in place. Examples include, but are not limited to, birth control, acne cream, and topical creams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Applicants understand requirement that all medications for children in foster care must be logged at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Applicants understand that age-appropriate children may be 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 and that these medications must be logged at the time they are given to the child. <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER CONSIDERATIONS:

Preventative Health	YES	NO	N/A
1. Household members who have infants (under 12 months of age) placed in the home or are willing to take infants have an up-to-date pertussis (whooping cough) vaccination consistent with the recommendations of ACIP (<i>this is not required only encouraged</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household members who have infants (under 12 months of age) placed in the home or are willing to take infants have an up-to-date annual influenza vaccine consistent with the recommendations of ACIP (<i>this is not required only encouraged</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eligible household members have been immunized against COVID-19 (<i>this is not required only encouraged</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOES THE HOME MEET REQUIREMENTS? ☐ Yes ☐ No

If no, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

Corrective Actions Achieved/Safeguard Measures Implemented & Approved? ☐ Yes ☐ No

Applicant Signature

Date

Applicant Email Address

Joint Applicant Signature

Date

Joint Applicant Email Address

Resource Worker/Adoption Specialist Name

Date

Signature

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible
	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible
	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Ineligible

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible

RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? ☐ Yes ☐ No

Name

Date

Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training? ☐ Yes ☐ No

Name

Date

Signature

Date submitted to MidSOUTH via REDCap: _____

CHECKLIST FOR EFFECTIVE GROUP ZOOM TRAINING



Resource homes applicants have an option to attend class in a traditional classroom or via ZOOM in a virtual classroom. The IHC (CFS-446) was amended in May 2021 to reflect the ZOOM option. Before selecting ZOOM, assess the family's capability to actively participate in training on ZOOM.

This checklist is designed to help Resource Workers determine whether a family has the capacity to effectively attend by ZOOM. Since families have options, it is strongly recommended that any family that answers "No" to any of these questions be referred to a traditional classroom setting. Due to limitations on functionality of people attending a 3 - hour training on their phones, it is also strongly recommended that families attending via ZOOM do so on a computer.

CAPACITY	YES	NO
Do have a computer/laptop with a working camera and microphone?		
Have you ever attended an <u>interactive</u> online class or meeting?		
Do you know how to download an app? (for example, ZOOM .exe)		
Do you have an area in your home that is free from distractions where you can attend <u>and</u> participate in an online training?		
Do you have someone who can care for the children in your home while you attend an online training. (3-6 hours)		
Do you have a stable internet connection that allows you to stream video and participate in video conferencing for up to 3 hours?		

Helpful resources for assessing internet capacity:

 [What Internet Speed Do I Need for Zoom? | Reviews.org](https://www.reviews.org/what-internet-speed-do-i-need-for-zoom/)

 [Most Accurate Internet Broadband Speed Checker \(2021\) \(checkmybroadbandspeed.online\)](https://checkmybroadbandspeed.online/)