



**Arkansas Department of Human Services
Division of Children and Family Services
RESOURCE PARENT ORIENTATION CHECKLIST**

Names of Resource Parents: _____

Date of Open: _____ **Provider Number:** _____

The above-named individual has been trained (given instructions, explanations, and information) regarding the following aspects of their service as a resource parent with the Division of Children and Family Services (DCFS) within the Arkansas Department of Human Services (DHS). The following documents and topics have been reviewed, discussed and explained during the orientation:

1. ☐ DHS and DCFS Mission Statements (PUB-30)
2. ☐ Resource Parent Handbook containing Minimum Licensing Standards and other DCFS policy for resource homes (PUB-30 -- including how to access [PUB-30 online](#))
3. ☐ Roles and responsibilities (review and complete CFS-462: Initial Resource Home Agreement)
4. ☐ Review and complete CFS-454: Resource Home Safety Plans
5. ☐ National Resource Parent Association Code of Ethics (PUB-30)
6. ☐ How to access [DCFS Policy and Procedures Manual](#) along with explanation that most DCFS policies related to resource home assessment, approval, service, and support are addressed in PUB-30
7. ☐ Importance of understanding and utilizing alternate care options and related policies (particularly notification to caseworker where applicable) to ensure resource parent support and promote age-appropriate activities for children experiencing foster care (PUB-30)
8. ☐ PUB-24: Resource Home Visit Guide
9. ☐ Clarification of appropriate childcare techniques
10. ☐ Acceptable forms of child discipline and the prohibition from using corporal or degrading punishment (PUB-30)
11. ☐ Privacy and Confidentiality -- review and complete CFS-448: Privacy and Use of Surveillance in Resource Homes and CFS-449: Confidentiality and Use of Social Media in Resource Homes, if not already completed for provisional homes during IHC
12. ☐ When and how board payments are made to resource parents (PUB-30) including direct deposit option
13. ☐ Financial procedures for child related purchases (PUB-30)
14. ☐ Travel procedures and how to submit travel reimbursement related documents
15. ☐ After-hours, weekend and holiday client contact (using the contact sheet in PUB-30)
16. ☐ Organizational structure of DHS, DCFS, Section, Office and Work Unit
17. ☐ Training opportunities and requirements as well as any resource parent support groups and Associations
18. ☐ Requirements for advanced notice of resource parent requested placement change and stabilization staffing unless the child in care or a resource family member is at risk of harm (PUB-30)
19. ☐ Child maltreatment allegations and non-maltreatment complaints involving resource homes and the process for removing a child experiencing foster care from a resource home (PUB-30/CFS-462: Initial Resource Home Agreement)
20. ☐ If interested, information about mandated reporter requirements is available via online training at <https://ar.mandatedreporter.org>.
21. ☐ Internal Review of Adverse Action Involving Resource Parents (PUB-30)
22. ☐ Information available to the resource parent through the Resource Parent Portal: <https://dhs.arkansas.gov/dcf/CHRISPWP/Default.aspx>
23. ☐ RAVE texting protocol (for traditional applicants only)
24. ☐ CFS-402: TYS Life Skills Checklist (for homes accepting teenagers)
25. ☐ Questions and comments were solicited and answered

You have received a Resource Parent Information Packet and it was explained to you. It is a tool for you to utilize throughout your service as a resource parent to ensure your compliance with licensing standards and DCFS policy. The packet includes the following items:

- A. Examples of the completion of the travel documentation that must be submitted monthly
- B. CFS-352 Medical, Dental, Vision Hearing and Psychological Episodic Visits
- C. CFS-372: Medication Log
- D. CFS-374: Tornado and Fire Drill Log
- E. CFS-381: Resource Parent Training Record Log
- F. After hours contact sheet

This signed form (CFS-465) also verifies that the copies of these documents above were received during this orientation.

AFFIRMATION STATEMENT

The signatures on this form verify that the resource parent has complied with Division policy regarding resource parent orientation. The resource parent affirms that they have been made aware of an expected level of care, received DHS policies and was given instructions regarding their service.

_____ Resource Parent Name (print)	_____ Resource Parent Signature	_____ Date
_____ Resource Parent Name (print)	_____ Resource Parent Signature	_____ Date
_____ FSW Name (print)	_____ FSW Signature	_____ Date