



**Arkansas Department of Human Services
Division of Children & Family Services
Quarterly Monitoring Checklist**

Resource Family Name: _____ County: _____

Provider Number: _____ Training Hours Completed: _____ Needed: _____

Scheduled Visit Unannounced Visit Other (explain) : _____

Date and Time of Visit: _____

	Yes	No	Comments
DMV Check is Current			
Criminal Record Check is Current			
Central Registry Check is Current			
Physicals are Current			
Pet Vaccinations are Current			
Homeowner Insurance is Current			
Vehicle Insurance is Current			
Driver's License is Current			
Any Children in the Home Turning 14			
Any Children in the Home Turning 18			
CPR is Current			
First Aide is Current			

	Yes	No	N/A
1. Have you reviewed the contact screens in the Division information management system to address any concerns or issues during this visit? List needs to be addressed: _____			
2. Has the work situation changed for either resource parent or other major life changes planned in the next few months? Describe changes: _____			
3. Resource family meets the physical, emotional, educational, and recreational needs of the children placed in the resource home? Describe how: _____ _____			

4. Resource family updated CFS-419: Resource Family Support System Information? If yes, were appropriate background checks submitted for new RFSS members?			
5. Does the on-going narrative in the Division information management system address the following: stressors, financial worries, relationship worries, birth children, relatives, illness, etc?			
6. Fire drills are performed and documented with each new child placement? List date of each fire drill and length of time to complete fire drill from date of each child's placement in the resource home: _____			
7. Operational chemical fire extinguisher is readily accessible in the cooking area of the home?			
8. Medications are locked in a secure location: Where? _____ Type of Lock: _____			
9. Medication taken by children is logged on CFS-372: Medication Log? Were medication logs reviewed by Resource Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Medication changes for any adults in the resource home? Any adult obtained a medical marijuana card? <input type="checkbox"/> Yes <input type="checkbox"/> No List changes to prescriptions and the underlying medical need for each prescription: _____			
11. Life Books are maintained for each child experiencing foster care? Life Books are sent with the child experiencing foster care upon exiting placement in the resource home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. What was the date of the last visit to the resource home for a visit with a child in placement by an FSW?	Date: _____		
13. Resource parents have a copy of the family case plan for each child placed in the resource home?			
14. Resource parents have access to the resource parent portal? If not, assist resource parents with set up.			
15. Resource parents know the permanency goal for each child in placement and are cooperating with DCFS efforts towards the goal?			
16. Resource parents are cooperative with family time, including sibling family time?			
17. Resource parents provide routine transportation for family time and medical appointments? If not, why not: _____			
18. Working smoke detectors are on each level of the home and in each bedroom? If not, why not? _____			
19. Emergency evacuation plan posted in the resource home? Where is the plan posted? _____			
20. Emergency phone numbers are posted in the resource home?			
21. Home is free of hazards both in and outside of the resource home? List any hazards noted: _____			

22. Guns and ammo are locked securely? Guns are where?: _____ Ammunition is locked securely away from guns? Where: _____			
23. Resource parents in their first year of service have completed 4 NTDC "Right Time" trainings available on the resource parent portal? Resource worker collected certificates of completion for all four?			
24. Resource parent is a representative payee for any income for any adopted or foster child placed in the home (SSI, child support, etc.)? List sources of income and amount for each: _____ If yes, describe decrease in board payment discussion held with the resource parent: _____			
25. Corrective action plan was necessary and agreed upon? List plan date of completion: _____ and details of the plan: _____ _____ _____			
26. Children adopted by resource parent during the quarter? Name/Age of the child: _____ Name/Age of the child: _____ Name/Age of the child: _____ If yes, resource worker obtained physicals, immunization records, and background checks for each, as age appropriate?			
27. No more than 2 children under age 2?			
28. No more than 3 children under age 6?			
List sleeping arrangements for all children in the home:			
Name of child	Age	Birth sex	Sleeping Arrangement

Are resource parents a placement for a child that is part of a separated sibling group? Yes No

Are resource parents facilitating bi-weekly sibling family time face to face for the siblings?

Yes No

Resource Parent 1 Signature

Date

Resource Parent 2 Signature

Date

Resource Worker's Signature

Date

Supervisor/Designee Signature

Date