# Resource
# Day 2 – Participant Manual

**Kinship Homes**

**Kinship Approval Process**

**Guiding the Family Through the Next Steps**

**CHRIS Lab - Resource Screens**

# Day 2:

## Resource Training Agenda

| **Tuesday** | |
|---|---|
| 9:00 – 9:30 | Welcome |
| 9:30 – 10:30 | Kinship Homes |
| **10:30 -10:45** | **Break** |
| 10:45 – 12:00 | Kinship Home Approval Process |
| **12:00 – 1:00** | **Lunch Break** |
| 1:00 – 1:45 | Activity: Explore the CFS-450 Form<br>Guiding the Family Through the Next Steps |
| 1:45 – 2:00 | Supporting Resource Parents |
| **2:00 - 2:15** | **Break** |
| 2:15 – 3:30 | CHRIS Lab – Resource Screens |
| 3:30 – 4:00 | Wrap Up and Review |

# Resource Specialty Training

*Building safe, stable and connected placements for children and families*

UA Little Rock MidSOUTH College of Business, Health, and Human Services

Day 2

1


2

## Target Outcomes

- ✓ Explain the importance of kinship placements in promoting safety, permanency, and well-being
- ✓ Differentiate between the traditional resource home process and the kinship approval process
- ✓ Describe the Resource Specialist's role in opening and licensing kinship homes
- ✓ Apply policies related to background checks, provisional placement, and alternative compliance
- ✓ Conduct an initial relative home consultation using professional judgement
- ✓ Identify strategies to support newly approved resource families and promote placement stability

3

## *Yesterday...*

**A family wanted to be a resource placement.**

✓ You guided them through the licensing process.
✓ You conducted an Initial In-Home Consultation.
✓ You applied the Minimum Licensing Standards.
✓ You referred the family for pre-service training.

4

## *Today... Everything changes.*

**A child has entered out-of-home care.**

Now, your responsibility is to help determine whether a safe relative or fictive kin placement can be established while balancing:

- Child safety
- Timeliness
- Family connections
- Licensing requirements
- Professional judgement

5

## Who Was There for You?

1. Write the person's name or relationship to you.
2. Why did you choose that person?
3. What made you feel safe with that person?

**ACTIVITY**

6

## Traditional Homes vs. Kinship Homes

| Traditional Resource Home | Kinship Resource Home |
|---|---|
| No existing relationship with the child | Existing Relationship with the child |
| Licensed prior to placement | Often opened quickly to support placement |
| Provides care for children needing placement | Helps preserve family connections and reduce trauma |
| Usually recruiting and referred through established processes | Often identified during a child's removal or early case activity |

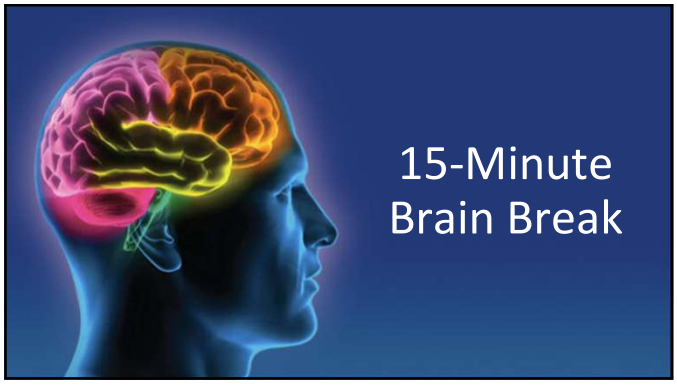
7

## Comparing Placement Pathways

- Divide a sheet of chart paper into two columns: Traditional Resource Home and Relative/ Kinship Home
- List any characteristics, requirements, or responsibilities that apply to each pathway
- Identify any similarities that both pathways share with an asterisk

**Activity**

8




9

## The Kinship Home Approval Process

**Opening a Kinship Home**

1. Child enters out-of-home care.
2. Potential relative or fictive kin identified.
3. Resource Specialist receives the referral and CFS-450.
4. Complete expedited background checks.
5. Conduct the Initial Home Consultation (within 48 hours of placement).
6. Determine provisional placement needs, alternative compliance, etc.
7. Support the caregiver through the 45-day approval process.

10

## Who Does What?

## Activity

11

## Receiving a Kinship Referral

**The Resource Specialist's work begins with a referral.**

**A quality referral will include:**

- CFS-450: Prospective Provisional Resource Parent Information
- Child information
- Caregiver information and relationship to the child
- Household members
- Known safety concerns
- Relevant case information
- Urgency of the placement

12

## What Else Would You Need?

**Activity**

13

## **The CFS-450:** Your Roadmap for Opening a Kinship Home

**The CFS-450 helps you:**

- Gather information about the caregiver and household
- Identify immediate safety concerns
- Document the initial home consultation
- Determine training needs
- Evaluate the home using licensing standards
- Make recommendations regarding provisional approval, alternative compliance, and licensing

14


15

## Activity: Explore the CFS-450 Form

16

## Before Provisional Placement:

Required Expedited Background Checks

**Completed:**

- CFS-316: Request for Child Maltreatment Central Registry Checks
- CFS-342: State Police Criminal Record Check
- CFS-593: Arkansas State Vehicle Safety Program (ASVSP)

**Initiated:**

- FBI Criminal Background Check

17

## Would You Move Forward?

**Scenario 1:** Grandmother's background checks are completely clear. Can the child be placed today?

**Scenario 2:** Grandfather has a speeding ticket from three years ago. Does this automatically prevent placement?

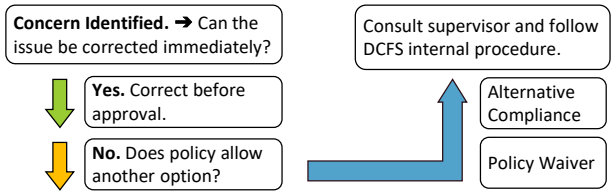
**Scenario 3:** A result from the Child Maltreatment Central Registry has not yet been received. What should you do next?

**Scenario 4:** A criminal history appears that may affect approval. Who do you consult before making a decision?

18

## When A Concern is Identified

**Not Every Concern Has the Same Solution.** As a Resource Specialist, your role is to identify concerns, evaluate their impact on child safety, and determine the appropriate next step.




19

| Which Path Would You Take? |
|---|
| **Scenario 1:** During the home consultation, you discover prescription medications stored on the kitchen counter. |
| **Scenario 2:** The home has a walk-through bedroom that may not meet the standard for sleeping arrangements. |
| **Scenario 3:** A background check reveals a misdemeanor from many years ago with no additional criminal history. |
| **Scenario 4:** The family has not installed a smoke detector in one of the bedrooms. |
| **Scenario 5:** Grandmother has three biological children under the age of six already living in the home. |

20

## Alternative Compliance vs. Policy Waiver

| Alternative Compliance | Policy Waiver |
|---|---|
| Request to deviate from a licensing regulation while still meeting the intent | Request to deviate from DCFS policy or procedure when permitted |
| Used when child safety can be maintained through another acceptable method | Used when policy allows an exception after review and approval |
| Reviewed through the Child Welfare Agency Review Board process | Approved by the DCFS Director or designee |
| Commonly used to support timely kinship placements while maintaining safety | Typically requested when specific policy requirements cannot otherwise be met |

21

## Let's Think Like a Resource Specialist

**Focus on:**

- Understanding the difference between the two processes.
- Knowing when additional review may be appropriate.
- Following the correct chain of approval.

**Activity**

22

### The Initial Home Consultation: A Kinship Prospective

For kinship homes, the Initial Home Consultation is conducted as soon as possible to assess the home's safety, identify immediate needs, and begin the approval process.

**During the Consultation, the Resource Specialist will:**

- ✓ Complete a visual inspection of the home.
- ✓ Discuss the household composition and support system.
- ✓ Verify sleeping arrangements.
- ✓ Assess medication storage and other safety concerns.
- ✓ Identify any licensing concerns or potential need for Alternative Compliance or Waivers.
- ✓ Explain the approval process and next steps to the caregiver.

23

## What are you looking for?

**Consider:**

- What safety factors need to be assessed?
- What information do you need from the caregiver?
- What areas may require additional follow-up?

**Activity**

24

## Guiding the Family Through the Next Steps

25

### Your Work Doesn't End After the Home Visit

Following the Initial Home Consultation, the Resource Specialist continues to partner with the caregiver throughout the approval process.

**Next steps include:**

- ✓ Determine the appropriate training pathway: MidSouth Group training **OR** Individual 1:1 training, when appropriate.
- ✓ Provide the Kinship Support Resource Guide.
- ✓ Explain required documentation and timelines.
- ✓ Monitor progress toward the 45-day approval deadline.

26

## What Would Grandma Ask?

**Skill: Communicating Next Steps to Kinship Caregivers**

- What information would be helpful to reduce uncertainty?
- What would Grandma need to know before your next visit?

**Activity**

27

## Supporting Resource Families One Table at a Time

- ✓ Partner with families to create plans that respect their differences.
- ✓ Build shared understanding and agreement through family engagement.
- ✓ Consistent communication.
- ✓ Value the families formal and informal supports (you'll need them).

28


29

## Resource Parent Coaching Call

Tanya is a licensed resource parent who has cared for 6-year-old Jason for four months. Jason has experienced significant trauma and several placement disruptions. Over the last three weeks, his behaviors have intensified. He refuses bedtime, has frequent emotional outbursts, and has begun lying more often.

Tanya works full time, has two biological children, and has started contacting you more frequently because she feels overwhelmed and unsure she can continue. Today, she calls you asking for help.

**Activity**

30

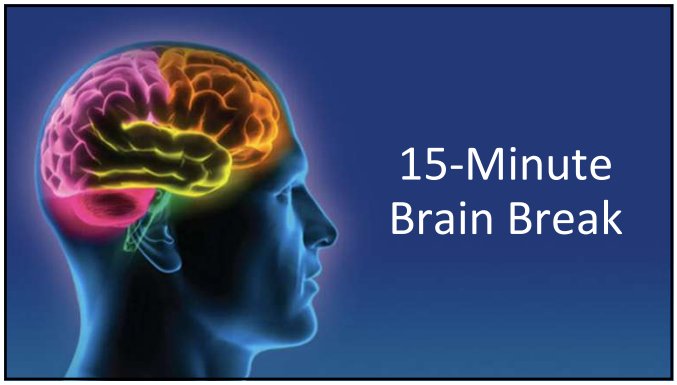
## Summary of Action Items

**Locate Your Core Kinship Resources:** Know where to access relevant forms, publications, and procedures to quickly navigate background checks, alternative compliances, and waivers.

**Build the Collaborative 'Table' Early:** Establish strong, proactive communication with other Specialists and family/network members to support one another in the child's best interests.

**Establish a Systematic Follow-Up Process:** Create a checklist that helps you monitor and support families through the intensive 45-day approval timeline.

31




32


33

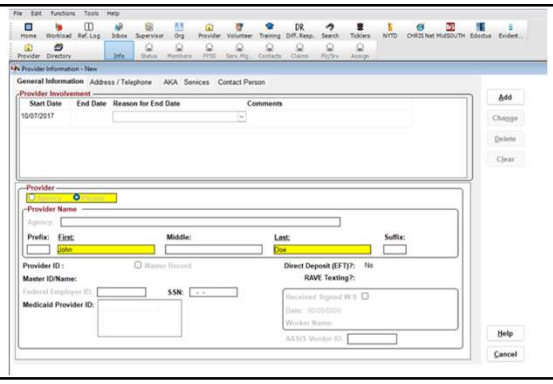
# Target Outcomes

- Navigation steps required to add a provider and enter household member information.
- Procedures for documenting background checks for both provisional and IV-E eligible services.
- Steps for requesting and receiving supervisory approval for service openings.

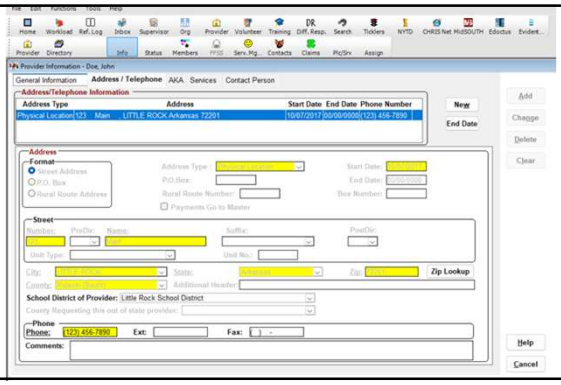
34

## ADDING A PROVIDER

35



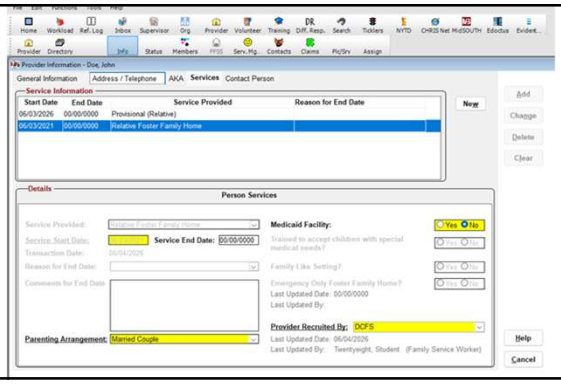

36




37

## SERVICES TAB

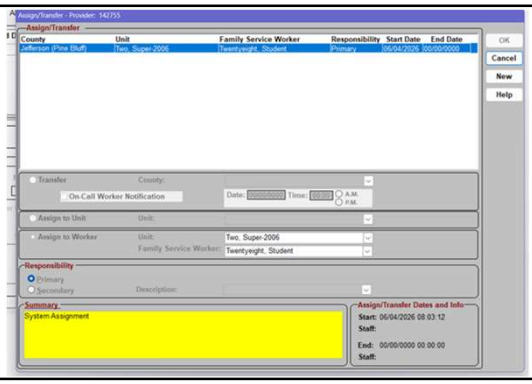
38




39

## ASSIGNMENT TO WORKLOAD TAB

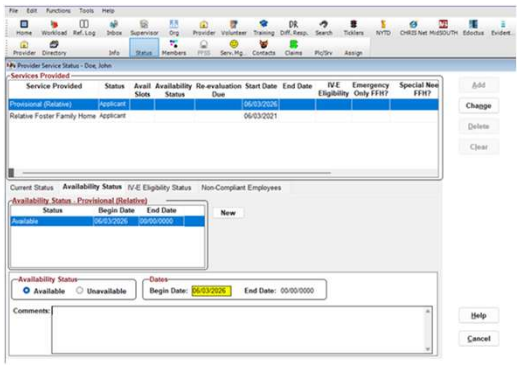
40




41

## STATUS TAB

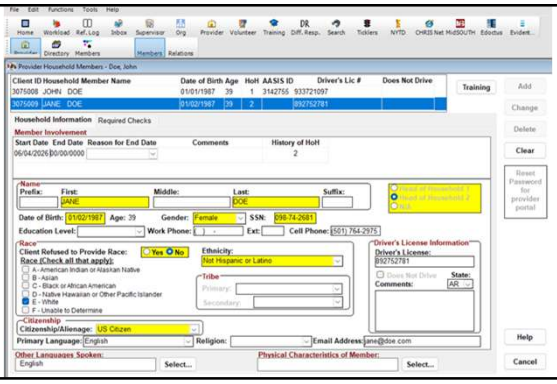
42



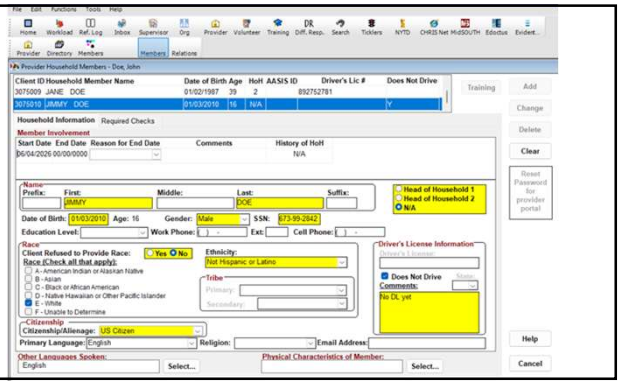

43

## MEMBER SCREENS

44



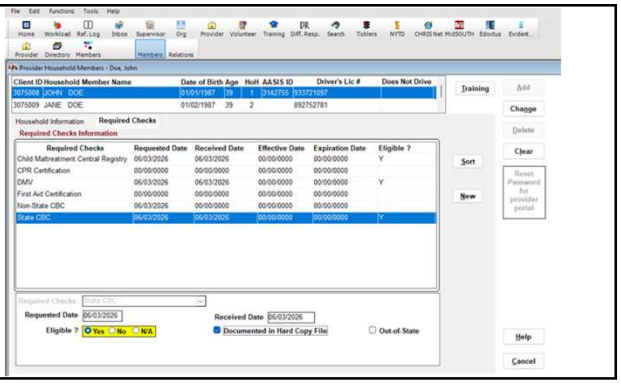

45



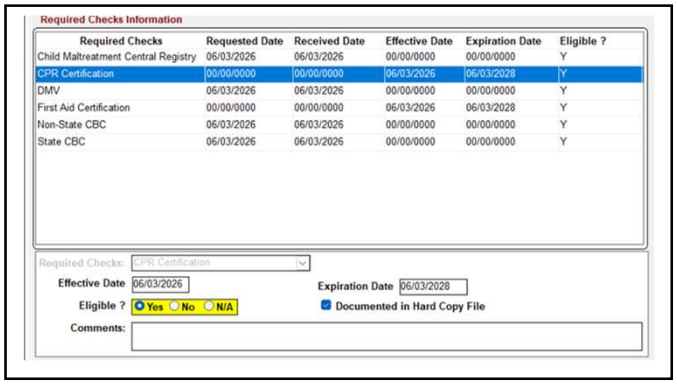

46

## BACKGROUND CHECKS

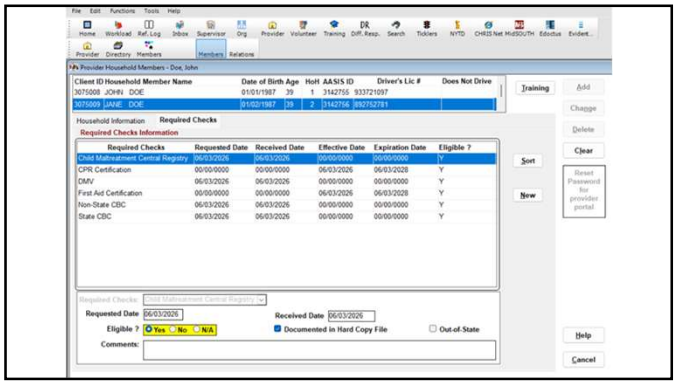
47



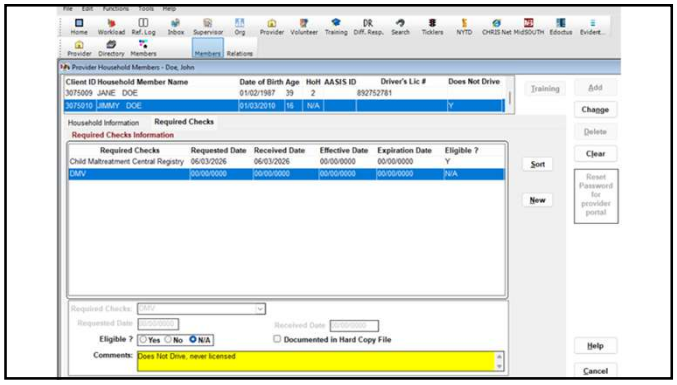

48


Required Checks Information
Required Checks
Requested Date
Received Date
Effective Date
Expiration Date
Eligible ?
Child Maltreatment Central Registry 06/03/2026 06/03/2026 00/00/0000 00/00/0000 Y
CPR Certification 00/00/0000 00/00/0000 06/03/2026 06/03/2028 Y
DMV 06/03/2026 06/03/2026 00/00/0000 00/00/0000 Y
First Aid Certification 00/00/0000 00/00/0000 06/03/2026 06/03/2028 Y
Non-State CBC 06/03/2026 06/03/2026 00/00/0000 00/00/0000 Y
State CBC 06/03/2026 06/03/2026 00/00/0000 00/00/0000 Y
Required Checks: CPR Certification
Effective Date 06/03/2026
Expiration Date 06/03/2028
Eligible ? Yes No N/A
Documented in Hard Copy File
Comments:

49


Provider Household Members - Doe, John
Client ID Household Member Name
Date of Birth Age HoH AASIS ID
Driver's Lic #
Does Not Drive
3075008 JOHN DOE 01/01/1987 39 1 3142756 933721097
3075009 JANE DOE 01/02/1987 39 2 3142756 892752781
Household Information
Required Checks
Required Checks Information
Training
Add
Change
Delete
Clear
Sort
New
Reset Password for provider portal
Requested Date 06/03/2026
Received Date 06/03/2026
Eligible ? Yes No N/A
Documented in Hard Copy File
Out-of-State
Comments:
Help
Cancel

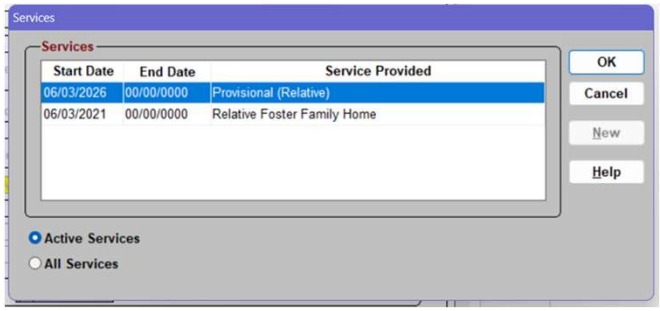
50


Provider Household Members - Doe, John
3075009 JANE DOE 01/02/1987 39 2 892752781
3075010 JIMMY DOE 01/03/2010 16 N/A Y
Household Information
Required Checks
Required Checks Information
Child Maltreatment Central Registry 06/03/2026 06/03/2026 00/00/0000 00/00/0000 Y
DMV 00/00/0000 00/00/0000 00/00/0000 00/00/0000 N/A
Training
Add
Change
Delete
Clear
Sort
New
Reset Password for provider portal
Eligible ? Yes No N/A
Documented in Hard Copy File
Comments: Does Not Drive, never licensed
Help
Cancel

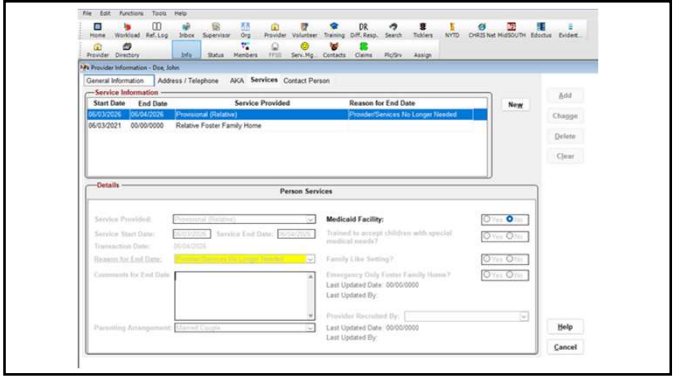
51

## PROVISIONAL SERVICES SCREENS

52



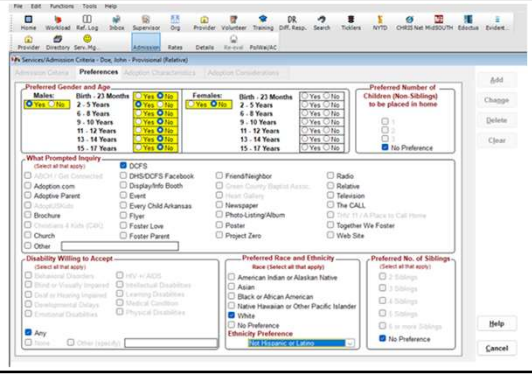

53




54

## ADMISSION TAB

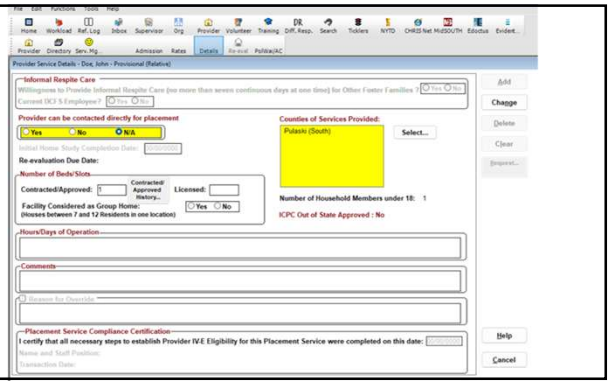
55




56

## DETAILS TAB

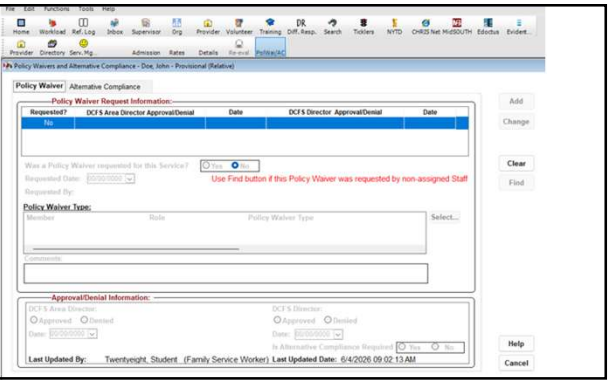
57



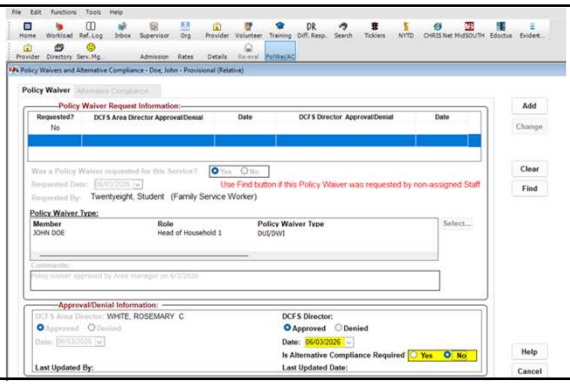

58

## POLICY WAIVER SCREENS

59



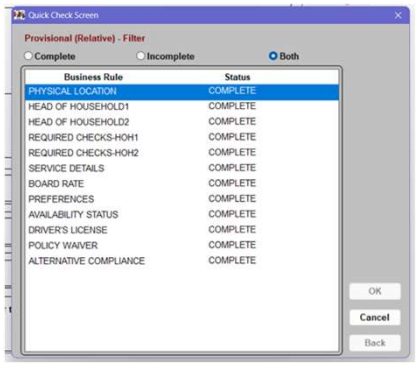

60



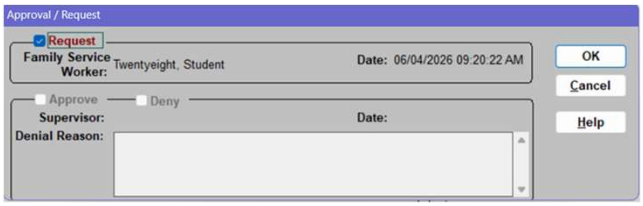

61

## SUPERVISORY APPROVAL SCREENS

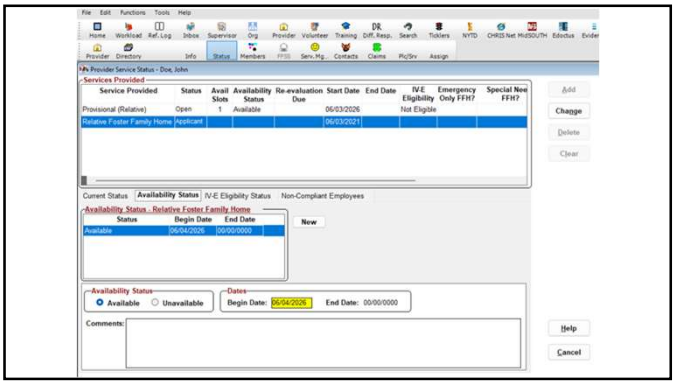
62




63



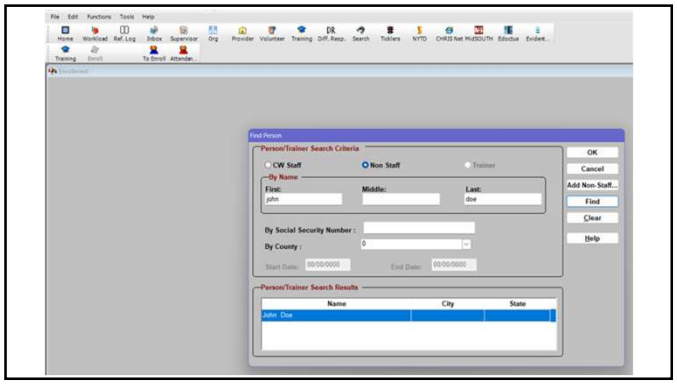

64



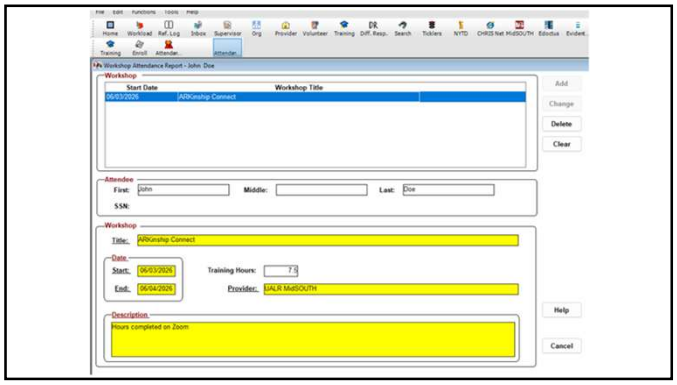

65

## TRAINING HOURS SCREENS

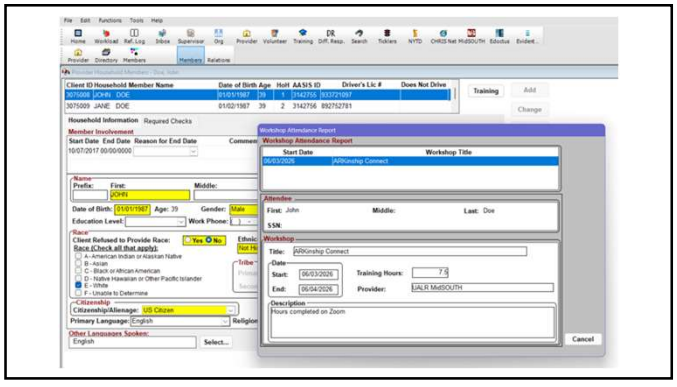
66


Find Person
Person/Trainer Search Criteria
CW Staff
Non Staff
Trainer
By Name
First:
john
Middle:
Last:
doe
By Social Security Number :
By County :
Start Date:
00/00/0000
End Date:
00/00/0000
OK
Cancel
Add Non-Staff...
Find
Clear
Help
Person/Trainer Search Results
Name
City
State
John Doe

67


Workshop Attendance Report - John Doe
Workshop
Start Date
Workshop Title
06/03/2026
ARKinship Connect
Add
Change
Delete
Clear
Attendee
First:
John
Middle:
Last:
Doe
SSN:
Workshop
Title:
ARKinship Connect
Date
Start:
06/03/2026
Training Hours:
7.5
End:
06/04/2026
Provider:
SALR MidSOUTH
Description
Hours completed on Zoom
Help
Cancel

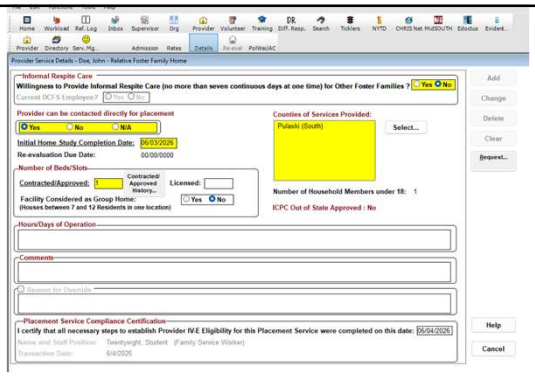
68


Client ID Household Member Name
Date of Birth
Age
Hoh
AASIS ID
Driver's Lic #
Does Not Drive
3075008 JOHN DOE
01/01/1987
39
1
3142755
833721097
3075009 JANE DOE
01/02/1987
39
2
3142756
892752781
Household Information
Required Checks
Member Involvement
Start Date
End Date
Reason for End Date
10/07/2017 00/00/0000
Name
Prefix:
First:
JOHN
Middle:
Date of Birth:
01/01/1987
Age: 39
Gender:
Male
Education Level:
Work Phone:
Race
Client Refused to Provide Race:
Yes
No
Race (Check all that apply):
A - American Indian or Alaskan Native
B - Asian
C - Black or African American
D - Native Hawaiian or Other Pacific Islander
E - White
F - Unable to Determine
Citizenship
Citizenship/Alienage:
US Citizen
Primary Language:
English
Other Languages Spoken:
English
Select...
Training
Add
Change
Workshop Attendance Report
Workshop Attendance Report
Start Date
Workshop Title
06/03/2026
ARKinship Connect
Attendee
First:
John
Middle:
Last:
Doe
SSN:
Workshop
Title:
ARKinship Connect
Date
Start:
06/03/2026
Training Hours:
7.5
End:
06/04/2026
Provider:
SALR MidSOUTH
Description
Hours completed on Zoom
Cancel

69

## DETAILS SCREEN

70




71

## CHRIS LAB WRAP UP

72

**Target Outcomes Evaluation**

**Division of Children & Family Services**
P.O. Box 1437, Slot S560, Little Rock, AR 72203-1437
P: 501.682.8770 F: 501.682.6968 TDD: 501.682.1442

# Arkansas Department of Human Services

## Division of Children and Family Services

### Prospective Provisional Resource Parent Information and Questionnaire

**Section I:** To be completed by Specialist overseeing or assisting with removal and initial placement during initial interview with prospective provisional resource parents prior to forwarding to resource staff.

Applicants are relatives or fictive kin? (•) Relatives ( ) Fictive Kin

**Prospective Provisional Applicants:** Bernadette Reyes
**Prospective Provisional Applicant Relationship to Children:** Maternal Grandmother
**Address:** 452 Bluebird Lane **City:** Conway **Zip Code:** 72034
**Phone:** (870 ) 123 - 4567 **Work:** (_____) _____ - _____ **Cell:** (_____) _____ - _____
**Email 1:** linda.rey@aol.com **Email 2:** _____
**County of Residence:** Faulkner **PROVIDER ID:** _____
**Same day placement requested?** YES (•) NO ( )

List ALL persons in the Perspective Provisional Resource Home (attach another page as needed):

| Name | SSN | Relationship to Provisional Resource Parent Applicant | Date of Birth | Age |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

County of Removal: Faulkner Date: Month / Day / Year
Referral/Case Number: 123456789 : Specialist Name: _____
Contact name/Number for Placement: _____

| CHILDREN NEEDING PLACEMENT | | | | |
|---|---|---|---|---|
| Name | Sex | Age | Relationship to Applicant | Date Child Placed |
| Jonas | M | 8 | Grandchild | |
| Danica | F | 5 | Grandchild | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. Do you or any other household members have a criminal history? If yes, when and what were the charges?
YES ☐ NO ☑

2. Have you or any other household member ever been the subject of a child or adult maltreatment investigation? YES ☐ NO ☑

3. How many people live in the home? Just me. My son stays in the basement when he's not on the road working.

4. How many bedrooms (including number and size of beds as well as description of bedding for each) are in the home? 4 bedrooms, 3 beds

5. Will you be able to support the children financially without DCFS assistance? YES ☑ NO ☐

6. What is your primary source of income? Retired/Pension

7. If employed, where do you work? Retired

8. What is your household income (monthly take home)? $3000

9. Do you have any savings for emergencies? If yes, how much? YES ☑ NO ☐ $_____

10. What do you estimate your overall monthly expenses (rent, utilities, insurance, food) are? $1000

11. What are your working hours and childcare plans while you are working?

12. Do your minor biological or adopted children who live in the home attend their regular well child visits or otherwise have regular medical checkups? YES ☐ NO ☐

13. Do all minor biological and adopted children living in the home have up-to-date immunizations per the CDC's immunization schedule or have an immunization exemption from the Arkansas Department of Health?
YES ☐ NO ☐

14. Do any of your current household members have a chronic medical condition that they receive regular treatment for? YES ☐ NO ☑ If yes, please list the diagnosis and frequency of medical visits.

15. Will you be able to take the child to and from school, doctor's appointments, and other activities (this is not only a time consideration; you must also have a valid driver's license, valid auto insurance, access to a reliable vehicle and possibly car seats/booster seats depending on the age of the child)? YES ☑ NO ☐

16. Are you willing to follow all protection protocols including but not limited to, court orders and family case plans?This includes instructions regarding family time with the child's parents. ☑ YES ☐ NO

17. Are you willing to attend resource parent training (it is a 7.5-hour training)?

Yes ☑ No ☐

18. Do you understand that within six months of opening as a provisional resource parent, you must meet all other resource home requirements (complete training) because, if you do not, the children could be moved from your home?

Yes ☑ No ☐

19. Do you reside in the same school district of the school that the child attended prior to coming into care?

Yes ☑ No ☐

20. If no, in what school district do you reside? _____

21. How do you know the children? "I am their grandmother."

22. When was the last time you saw the children? Last weekend

23. Generally speaking, how often do you see the child? Almost every other weekend

24. Please describe your interactions and activities with the children when you spend time together?

"We are usually outside. I try to keep them away from screens. My neighborhood has a lot of kids, so they get together and ride bikes. Danica also likes to watch me bake, and Jones enjoys being in the garden while I'm out there."

25. Please describe the children (personality, interest, hobbies, school performance, friends)

"Jonas is just so friendly and helpful, but he can be pretty shy. Danica is sweet, but she's the boss lady around her friends. She's the baby at the house, especially with her asthma. She can get scared at night too."

26. Other Notes, Comments, and Questions: Include information provided by the child, if age appropriate, to DCFS regarding how the child knows the prospective provisional applicant, how the child described their feelings about living with the provisional applicant.

_____

_____

_____

**Section II:** To be completed by Specialist overseeing or assisting with removal and initial placement prior to forwarding to resource staff for consideration.

1. What are the circumstances surrounding the removal of the child from the family home?

Parents found incapacitated in the home. Home environment was unsafe (hazardous debris, no food)

_____

_____

2. Are there any previous or current court orders potentially affecting the placement of the children in the relative home? YES ☐ NO ☑

3. Do any children or potential provisional placement have medical or mental health conditions which should be considered in evaluating the potential placement? YES ☑ NO ☐

4. Do any children to be placed have sexually aggressive behaviors or a history of sexual abuse?
YES ☐ NO ☑

## Section III: To be completed by resource specialist only.

1. What are the details of the sleeping arrangements for all members of the household?

| |
|---|
| |

2. Do these sleeping arrangements meet the following minimum Licensing standards:

| | Sleeping Arrangements | YES | NO | N/A |
|---|---|---|---|---|
| A. | Will children sleep in a bedroom? (not in a living room or dining room where others are passing through) | ☐ | ☐ | ☐ |
| B. | Does each bedroom have at least 50 square feet of floor space per occupant? | ☐ | ☐ | ☐ |
| C. | Does each bedroom to be used for children experiencing foster care have a window to the outside which is capable of serving as an emergency escape (no bars, grates, and also provides natural light and ventilation)? | ☐ | ☐ | ☐ |
| D. | Will any child under the age of 6 occupy a top bunk? | ☐ | ☐ | ☐ |
| E. | Will any children who share a bed all be under the age of four and of the same gender? | ☐ | ☐ | ☐ |
| F. | Will any child experiencing foster care, except an infant under age 2, share a sleeping room with adults? In the case of a grandparent to the child, the age would increase through age 4. | ☐ | ☐ | ☐ |

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

| |
|---|
| |

4. Please list any medications you are currently taking and the conditions of the medications are prescribed to treat (this includes medical marijuana).

| Name of Person | Name of Medication | Dosage(mg) | Conditions of Treatment |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

A. If medical marijuana is listed above, do you possess a medical marijuana registry identification card issued by the Arkansas Department of Health? YES ☐ NO ☐

B. What is the name listed on the medical marijuana registry identification card?_____

| | Home Safety Requirements: Interior | YES | NO | N/A |
|---|---|---|---|---|
| A. | Is the interior of the home clean and free of physical health hazards? | ☐ | ☐ | ☐ |
| B. | Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected? | ☐ | ☐ | ☐ |
| C. | Are cleaning supplies, insecticides, gasoline, hazardous tools, knives or similarly dangerous objects stored out of reach of children or kept in locked closes or drawers? | ☐ | ☐ | ☐ |
| D. | Are all firearms unloaded; maintained in a secure, locked location and stored separately from ammunition? | ☐ | ☐ | ☐ |
| E. | Are there operational smoke on each level of occupancy of the home and in each bedroom and carbon monoxide detectors on each level and near all sleeping areas? | ☐ | ☐ | ☐ |
| F. | Does the home have an operational telephone or working cellular phone that is accessible to all children? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Exterior** | | | |
| A. | Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable), free from physical hazards which would endanger the safety of children? | ☐ | ☐ | ☐ |
| B. | Is the yard free of dangerous debris, trash, uncovered cisterns, etc.? | ☐ | ☐ | ☐ |
| C. | Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water or dangerous area? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Other** | | | |
| A. | Does family have a plan for evacuating the house in the event of fire and plan for seeking shelter during a storm or tornado? | ☐ | ☐ | ☐ |
| B. | If yes, is the escape plan posted within the home? | ☐ | ☐ | ☐ |
| C. | Is there a safety plan for any noted hazards in place? If yes, please identify which type: | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Medications** | | | |
| A. | Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked (excluding Epi-pens, inhalers, and glucagon kits)? | ☐ | ☐ | ☐ |
| B. | Will applicants log all medications 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? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Water** | | | |
| A. | Do you have well water? | ☐ | ☐ | ☐ |
| B. | If yes, do you agree to use bottled water until the water is tested? | ☐ | ☐ | ☐ |

## Checklist for Effective Group Zoom Training

Resource home applicants have an option to attend class in a traditional classroom or via Zoom in a virtual classroom. Before selecting Zoom, assess the family's capability to actively participate in training on Zoom. This checklist is designed to help Resource Specialists make that determination. 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 |
|---|---|---|---|
| A. | Do you have a computer/laptop with a working camera and microphone? | ☐ | ☐ |
| B. | Have you ever attended an interactive online class or meeting? | ☐ | ☐ |
| C. | Do you know how to download an app? (for example, ZOOM.exe.) | ☐ | ☐ |
| D. | Do you have an area in your home that is free from distractions where you can attend and participate in an online training? | ☐ | ☐ |
| E. | Do you have someone who can care for the children in your home while you attend an online training? (3-6 hours) | ☐ | ☐ |
| F. | Do you have a stable internet connection that allows you to stream video and participate in video conferencing for up to 3 hours? | ☐ | ☐ |

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

Week Nights ☐ Weekends ☐ No preference ☐

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

In-person ☐ Zoom ☐ No preference ☐

# DISCIPLINE

Methods of discipline which are unacceptable for use by resource parents with the child include but are limited to:

1 Cruel, severe, or humiliating actions, such as washing the mouth with soap.
2 Taping or obstructing the child's mouth.
3 Placing painful or unpleasant tasting or hot substances on the child's body (e.g.,mouth, lips).
4 Placing the child in dark areas (closet).
5 Public humiliation.
6 Physical punishment-inflicted in any manner (hitting, slapping, pinching, pulling hair, kicking, twisting the arms, forced fixed body positions).
7 Denial of meals, clothes, or shelter.
8 Withholding implementation of the family case plan or any denial of rights.
9 Denial of contact with family members (family time, telephone calls, mail).
10 Assignments of extremely strenuous exercise or work.
11 Locked isolation of any kind.
12 Punishment of any kind for poor toilet habits.
13 Use of derogatory comments about the child, the child's family or friends.
14 Mechanical or chemical restraints.
15 Threats or insinuations of physical punishment or harm.

DCFS or resource parents shall never give permission for the school to use corporal punishment, (spanking the child). The school may elect to spank, but we can never give permission for them to do so.

Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Specialist to maintain with the provider record.

_____ _____/_____/_____
Signature Resource Parent #1 Date

_____ _____/_____/_____
Signature Resource Parent #2 Date

# Arkansas Department of Human Services
## Division of Children & Family Services

## Confidentiality and Use of Social Media in Resource Homes

The Division of Children and Family Services (DCFS) takes the confidentiality of children experiencing the Arkansas foster care system very seriously. As such, resource parents are prohibited from posting pictures of children placed in their homes (even if the face is blocked or blurred when posted). In addition, any information about the circumstances of the child experiencing foster care is prohibited from being posted online.

DCFS acknowledges and understands that social media is a norm in today's society. However, the common usage of social media makes it neither safe nor secure even if the image of a child experiencing foster care is blocked or otherwise blurred when posted. The division, its resource parents, and its other stakeholders and volunteers must assure the privacy and confidentiality of the children and families involved in the child welfare system.

In regards to older youth who have a Facebook page or other social media accounts choose to post "selfies" or other information, resource parents must monitor to some extent that use of social media. Just as you would with your own children, nieces, nephews, godchildren, etc., please assess how appropriate and safe a particular posting may be—not only for the youth but for your family as well.

The division recognizes that many youth contact siblings or other family members using social media. Please be aware of such communication and conference with the youth's caseworker if you have questions regarding whether contact between the youth and their families is safe and appropriate. There may need to be some action taken if there is a conflict with a court order or other issues.

This monitoring of social media also extends to other forms of screen time. The American Academy of Pediatrics (AAP) recommends "screen-free" zones at home by making sure there are no television, computer or video games in children's bedrooms, and by turning off the TV during dinner. Children and teens should engage with entertainment media for no more than one or two hours per day. It is important for kids to spend time on outdoor play, reading, hobbies, and using their imaginations in free play.

Television and other entertainment media should be avoided for infants and children under age 2. A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens.

DCFS appreciates your assistance in ensuring the safety of children in an environment that has many risk factors to be considered. If you have any questions regarding the use of social media in resource homes, please contact your Resource Specialist.

*Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Specialist to maintain with the provider record.*

_____ _____/_____/_____
Resource Parent #1 Signature Date

_____ _____/_____/_____
Resource Parent #2 Signature Date

_____ _____/_____/_____
Resource Specialist Signature Date

Arkansas Department of Human Services
Division of Children & Family Services

RESOURCE PARENT SMOKING CERTIFICATION

Resource Parents or Applicants: _____
Names: _____
Address:_____
County:_____ Telephone Number(_____)_____-_____

## I. ARKANSAS AND DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) REQUIREMENTS

A resource parent may not smoke or permit anyone else to smoke in the presence of a child experiencing foster care unless it is in the child's best interest to be placed in or remain in the resource home. This includes the use of vaping and e-cigarettes. All resource parents and resource parent applicants being re-evaluated shall sign this form that certifies if the resource parents agree to comply with all state and DCFS requirements.

## II. CERTIFICATION

I have read and fully understand the above identified requirements and restrictions regarding not smoking in the presence of a child experiencing foster care. By my selection and signature below, I indicate whether I agree or disagree to comply.

_____ Agrees to Comply ☐ Does Not Agree to Comply ☐
Resource Parent/Applicant (Print)

_____ Agrees to Comply ☐ Does Not Agree to Comply ☐
Resource Parent/Applicant (Print)

## III. SIGNATURES

_____ _____/_____/_____
Resource Parent/Applicant Date

_____ _____/_____/_____
Resource Parent/Applicant Date

_____ _____/_____/_____
DCFS Resource Specialist Name (Print) Date

_____
DCFS Resource Specialist Signature

☐ Refer to PLPA

Alternative Compliance:

☐ Needed

☐ Temporary Approval Given, Board Action Needed

Policy Waiver:

☐ Approved

☐ Temporary Approval Given

Comments:

RECOMMENDATIONS

**Resource Specialist recommends approval of applicants to attend training?** YES ☐ NO ☐

_____ _____/_____/_____

Name Date

_____

Signature

**Resource Supervisor/Designee approves applicants to attend training?** YES ☐ NO ☐

_____ _____/_____/_____

Name Date

_____

Signature

Date submitted to MidSOUTH: _____/_____/_____

# **Activity:** What Else Would You Need?

**Receiving a Kinship Referral:** The Resource Specialist's work begins with a referral. Sometimes you receive a complete referral with everything needed. Other times, you will have questions.

**A quality referral will include:**

- CFS-450: Prospective Provisional Resource Parent Information
- Child information
- Caregiver information and relationship to the child
- Household members
- Known safety concerns
- Relevant case information
- Urgency of the placement

---

**Scenario:** A grandmother would like placement of her two grandchildren.

**Activity Instructions:** Review the information from sections 1 and 2 of the CFS-450 and determine if you need additional information before moving forward with the approval process.

**Brainstorming:** At your tables, identify areas where clarification is needed. This may include areas about household members, the caregiver's relationship with the child, known safety concerns, or whether there are additional adults living in the home.

**Use the space below to write any questions or concerns about the information received.**

**Division of Children & Family Services**
P.O. Box 1437, Slot S560, Little Rock, AR 72203-1437
P: 501.682.8770 F: 501.682.6968 TDD: 501.682.1442

# Arkansas Department of Human Services

## Division of Children and Family Services

### Prospective Provisional Resource Parent Information and Questionnaire

**Section I:** To be completed by Specialist overseeing or assisting with removal and initial placement during initial interview with prospective provisional resource parents prior to forwarding to resource staff.

Applicants are relatives or fictive kin? ◯ Relatives ◯ Fictive Kin

**Prospective Provisional Applicants:**_____
**Prospective Provisional Applicant Relationship to Children:**_____
**Address:**_____**City:**_____**Zip Code:**_____
**Phone:** (_____)_____-_____**Work:** (_____)_____-_____**Cell:** (_____)_____-_____
**Email 1:**_____**Email 2:**_____
**County of Residence:**_____**PROVIDER ID:**_____
**Same day placement requested?** YES ◯ NO ◯

List ALL persons in the Perspective Provisional Resource Home (attach another page as needed):

| Name | SSN | Relationship to Provisional Resource Parent Applicant | Date of Birth | Age |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

County of Removal:_____Date:_____/_____/_____
Referral/Case Number:_____: Specialist Name:_____
Contact name/Number for Placement:_____

| CHILDREN NEEDING PLACEMENT | | | | |
|---|---|---|---|---|
| Name | Sex | Age | Relationship to Applicant | Date Child Placed |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. Do you or any other household members have a criminal history? If yes, when and what were the charges?
YES ☐ NO ☐

_____

_____

_____

2. Have you or any other household member ever been the subject of a child or adult maltreatment investigation? YES ☐ NO ☐

3. How many people live in the home? _____

4. How many bedrooms (including number and size of beds as well as description of bedding for each) are in the home?

5. Will you be able to support the children financially without DCFS assistance? YES ☐ NO ☐

6. What is your primary source of income? _____

7. If employed, where do you work? _____

8. What is your household income (monthly take home)? $_____

9. Do you have any savings for emergencies? If yes, how much? YES ☐ NO ☐ $_____

10. What do you estimate your overall monthly expenses (rent, utilities, insurance, food) are? $_____

11. What are your working hours and childcare plans while you are working?

_____

_____

_____

12. Do your minor biological or adopted children who live in the home attend their regular well child visits or otherwise have regular medical checkups? YES ☐ NO ☐

13. Do all minor biological and adopted children living in the home have up-to-date immunizations per the CDC's immunization schedule or have an immunization exemption from the Arkansas Department of Health?
YES ☐ NO ☐

14. Do any of your current household members have a chronic medical condition that they receive regular treatment for? YES ☐ NO ☐ If yes, please list the diagnosis and frequency of medical visits.

_____

_____

_____

15. Will you be able to take the child to and from school, doctor's appointments, and other activities (this is not only a time consideration; you must also have a valid driver's license, valid auto insurance, access to a reliable vehicle and possibly car seats/booster seats depending on the age of the child)? YES ☐ NO ☐

16. Are you willing to follow all protection protocols including but not limited to, court orders and family case plans?This includes instructions regarding family time with the child's parents. ☐ YES ☐ NO

17. Are you willing to attend resource parent training (it is a 7.5-hour training)?

Yes ☐ No ☐

18. Do you understand that within six months of opening as a provisional resource parent, you must meet all other resource home requirements (complete training) because, if you do not, the children could be moved from your home?

Yes ☐ No ☐

19. Do you reside in the same school district of the school that the child attended prior to coming into care?

Yes ☐ No ☐

20. If no, in what school district do you reside? _____

21. How do you know the children? _____

22. When was the last time you saw the children? _____

23. Generally speaking, how often do you see the child? _____

24. Please describe your interactions and activities with the children when you spend time together?

_____

_____

_____

25. Please describe the children (personality, interest, hobbies, school performance, friends)

_____

_____

_____

26. Other Notes, Comments, and Questions: Include information provided by the child, if age appropriate, to DCFS regarding how the child knows the prospective provisional applicant, how the child described their feelings about living with the provisional applicant.

_____

_____

_____

**Section II:** To be completed by Specialist overseeing or assisting with removal and initial placement prior to forwarding to resource staff for consideration.

1. What are the circumstances surrounding the removal of the child from the family home?

_____

_____

_____

2. Are there any previous or current court orders potentially affecting the placement of the children in the relative home? YES ☐ NO ☐

3. Do any children or potential provisional placement have medical or mental health conditions which should be considered in evaluating the potential placement? YES ☐ NO ☐

4. Do any children to be placed have sexually aggressive behaviors or a history of sexual abuse?
YES ☐ NO ☐

**Section III:** To be completed by resource specialist only.

1. What are the details of the sleeping arrangements for all members of the household?

| |
|---|
| |

2. Do these sleeping arrangements meet the following minimum Licensing standards:

| | Sleeping Arrangements | YES | NO | N/A |
|---|---|---|---|---|
| A. | Will children sleep in a bedroom? (not in a living room or dining room where others are passing through) | ☐ | ☐ | ☐ |
| B. | Does each bedroom have at least 50 square feet of floor space per occupant? | ☐ | ☐ | ☐ |
| C. | Does each bedroom to be used for children experiencing foster care have a window to the outside which is capable of serving as an emergency escape (no bars, grates, and also provides natural light and ventilation)? | ☐ | ☐ | ☐ |
| D. | Will any child under the age of 6 occupy a top bunk? | ☐ | ☐ | ☐ |
| E. | Will any children who share a bed all be under the age of four and of the same gender? | ☐ | ☐ | ☐ |
| F. | Will any child experiencing foster care, except an infant under age 2, share a sleeping room with adults? In the case of a grandparent to the child, the age would increase through age 4. | ☐ | ☐ | ☐ |

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

| |
|---|
| |

4. Please list any medications you are currently taking and the conditions of the medications are prescribed to treat (this includes medical marijuana).

| Name of Person | Name of Medication | Dosage(mg) | Conditions of Treatment |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

A. If medical marijuana is listed above, do you possess a medical marijuana registry identification card issued by the Arkansas Department of Health? YES ☐ NO ☐

B. What is the name listed on the medical marijuana registry identification card?_____

| | Home Safety Requirements: Interior | YES | NO | N/A |
|---|---|---|---|---|
| A. | Is the interior of the home clean and free of physical health hazards? | ☐ | ☐ | ☐ |
| B. | Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected? | ☐ | ☐ | ☐ |
| C. | Are cleaning supplies, insecticides, gasoline, hazardous tools, knives or similarly dangerous objects stored out of reach of children or kept in locked closes or drawers? | ☐ | ☐ | ☐ |
| D. | Are all firearms unloaded; maintained in a secure, locked location and stored separately from ammunition? | ☐ | ☐ | ☐ |
| E. | Are there operational smoke on each level of occupancy of the home and in each bedroom and carbon monoxide detectors on each level and near all sleeping areas? | ☐ | ☐ | ☐ |
| F. | Does the home have an operational telephone or working cellular phone that is accessible to all children? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Exterior** | | | |
| A. | Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable), free from physical hazards which would endanger the safety of children? | ☐ | ☐ | ☐ |
| B. | Is the yard free of dangerous debris, trash, uncovered cisterns, etc.? | ☐ | ☐ | ☐ |
| C. | Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water or dangerous area? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Other** | | | |
| A. | Does family have a plan for evacuating the house in the event of fire and plan for seeking shelter during a storm or tornado? | ☐ | ☐ | ☐ |
| B. | If yes, is the escape plan posted within the home? | ☐ | ☐ | ☐ |
| C. | Is there a safety plan for any noted hazards in place? If yes, please identify which type: | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Medications** | | | |
| A. | Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked (excluding Epi-pens, inhalers, and glucagon kits)? | ☐ | ☐ | ☐ |
| B. | Will applicants log all medications 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? | ☐ | ☐ | ☐ |
| | **Home Safety Requirements: Water** | | | |
| A. | Do you have well water? | ☐ | ☐ | ☐ |
| B. | If yes, do you agree to use bottled water until the water is tested? | ☐ | ☐ | ☐ |

## Checklist for Effective Group Zoom Training

Resource home applicants have an option to attend class in a traditional classroom or via Zoom in a virtual classroom. Before selecting Zoom, assess the family's capability to actively participate in training on Zoom. This checklist is designed to help Resource Specialists make that determination. 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 |
|---|---|---|---|
| A. | Do you have a computer/laptop with a working camera and microphone? | ☐ | ☐ |
| B. | Have you ever attended an interactive online class or meeting? | ☐ | ☐ |
| C. | Do you know how to download an app? (for example, ZOOM.exe.) | ☐ | ☐ |
| D. | Do you have an area in your home that is free from distractions where you can attend and participate in an online training? | ☐ | ☐ |
| E. | Do you have someone who can care for the children in your home while you attend an online training? (3-6 hours) | ☐ | ☐ |
| F. | Do you have a stable internet connection that allows you to stream video and participate in video conferencing for up to 3 hours? | ☐ | ☐ |

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

Week Nights ☐ Weekends ☐ No preference ☐

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

In-person ☐ Zoom ☐ No preference ☐

# DISCIPLINE

Methods of discipline which are unacceptable for use by resource parents with the child include but are limited to:

1 Cruel, severe, or humiliating actions, such as washing the mouth with soap.
2 Taping or obstructing the child's mouth.
3 Placing painful or unpleasant tasting or hot substances on the child's body (e.g.,mouth, lips).
4 Placing the child in dark areas (closet).
5 Public humiliation.
6 Physical punishment-inflicted in any manner (hitting, slapping, pinching, pulling hair, kicking, twisting the arms, forced fixed body positions).
7 Denial of meals, clothes, or shelter.
8 Withholding implementation of the family case plan or any denial of rights.
9 Denial of contact with family members (family time, telephone calls, mail).
10 Assignments of extremely strenuous exercise or work.
11 Locked isolation of any kind.
12 Punishment of any kind for poor toilet habits.
13 Use of derogatory comments about the child, the child's family or friends.
14 Mechanical or chemical restraints.
15 Threats or insinuations of physical punishment or harm.

DCFS or resource parents shall never give permission for the school to use corporal punishment, (spanking the child). The school may elect to spank, but we can never give permission for them to do so.

Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Specialist to maintain with the provider record.

_____ _____/_____/_____
Signature Resource Parent #1 Date

_____ _____/_____/_____
Signature Resource Parent #2 Date

# Arkansas Department of Human Services
## Division of Children & Family Services

## Confidentiality and Use of Social Media in Resource Homes

The Division of Children and Family Services (DCFS) takes the confidentiality of children experiencing the Arkansas foster care system very seriously. As such, resource parents are prohibited from posting pictures of children placed in their homes (even if the face is blocked or blurred when posted). In addition, any information about the circumstances of the child experiencing foster care is prohibited from being posted online.

DCFS acknowledges and understands that social media is a norm in today's society. However, the common usage of social media makes it neither safe nor secure even if the image of a child experiencing foster care is blocked or otherwise blurred when posted. The division, its resource parents, and its other stakeholders and volunteers must assure the privacy and confidentiality of the children and families involved in the child welfare system.

In regards to older youth who have a Facebook page or other social media accounts choose to post "selfies" or other information, resource parents must monitor to some extent that use of social media. Just as you would with your own children, nieces, nephews, godchildren, etc., please assess how appropriate and safe a particular posting may be—not only for the youth but for your family as well.

The division recognizes that many youth contact siblings or other family members using social media. Please be aware of such communication and conference with the youth's caseworker if you have questions regarding whether contact between the youth and their families is safe and appropriate. There may need to be some action taken if there is a conflict with a court order or other issues.

This monitoring of social media also extends to other forms of screen time. The American Academy of Pediatrics (AAP) recommends "screen-free" zones at home by making sure there are no television, computer or video games in children's bedrooms, and by turning off the TV during dinner. Children and teens should engage with entertainment media for no more than one or two hours per day. It is important for kids to spend time on outdoor play, reading, hobbies, and using their imaginations in free play.

Television and other entertainment media should be avoided for infants and children under age 2. A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens.

DCFS appreciates your assistance in ensuring the safety of children in an environment that has many risk factors to be considered. If you have any questions regarding the use of social media in resource homes, please contact your Resource Specialist.

*Please leave a signed copy of this document with the resource parents and have the resource parents sign another copy for the Resource Specialist to maintain with the provider record.*

_____ _____/_____/_____

Resource Parent #1 Signature Date

_____ _____/_____/_____

Resource Parent #2 Signature Date

_____ _____/_____/_____

Resource Specialist Signature Date

Arkansas Department of Human Services
Division of Children & Family Services

RESOURCE PARENT SMOKING CERTIFICATION

Resource Parents or Applicants: _____
Names: _____
Address:_____
County:_____ Telephone Number(_____)_____-_____

## I. ARKANSAS AND DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) REQUIREMENTS

A resource parent may not smoke or permit anyone else to smoke in the presence of a child experiencing foster care unless it is in the child's best interest to be placed in or remain in the resource home. This includes the use of vaping and e-cigarettes. All resource parents and resource parent applicants being re-evaluated shall sign this form that certifies if the resource parents agree to comply with all state and DCFS requirements.

## II. CERTIFICATION

I have read and fully understand the above identified requirements and restrictions regarding not smoking in the presence of a child experiencing foster care. By my selection and signature below, I indicate whether I agree or disagree to comply.

_____ Agrees to Comply ☐ Does Not Agree to Comply ☐
Resource Parent/Applicant (Print)

_____ Agrees to Comply ☐ Does Not Agree to Comply ☐
Resource Parent/Applicant (Print)

## III. SIGNATURES

_____ _____/_____/_____
Resource Parent/Applicant Date

_____ _____/_____/_____
Resource Parent/Applicant Date

_____ _____/_____/_____
DCFS Resource Specialist Name (Print) Date

_____
DCFS Resource Specialist Signature

☐ Refer to PLPA

Alternative Compliance:

☐ Needed

☐ Temporary Approval Given, Board Action Needed

Policy Waiver:

☐ Approved

☐ Temporary Approval Given

Comments:

RECOMMENDATIONS

**Resource Specialist recommends approval of applicants to attend training?** YES ☐ NO ☐

_____ _____/_____/_____

Name Date

_____

Signature

**Resource Supervisor/Designee approves applicants to attend training?** YES ☐ NO ☐

_____ _____/_____/_____

Name Date

_____

Signature

Date submitted to MidSOUTH: _____/_____/_____