

Resource

Day 3 - Facilitator Guide



IHC Simulation (Traditional)

IHC Simulation (Provisional)

Monitoring, Support, and Other Responsibilities

Difficult Conversations

Day 3:

Resource Training Agenda

Wednesday	
9:00 – 9:30	Welcome
9:30 – 10:30	IHC Simulation (Traditional)
10:30 -10:45	Break
10:45 – 12:00	IHC Simulation (Provisional)
12:00 – 1:00	Lunch Break
1:00 – 2:15	Monitoring, Support, and Other Responsibilities
2:15 - 2:30	Break
2:30 – 3:15	Difficult Conversations
3:15 – 4:00	Wrap Up and Review Post Test

Resource Specialty
Training





Midsouth
College of Business,
Health, and Human Services

Day 3

1



2

Target
Outcomes



- Discuss quarterly visits and annual reevaluations
- Discuss corrective action plans
- Navigate difficult conversations with resource families
- Identify and apply requirements related to medications and out-of-state travel
- Discuss collaboration with the Adoption Specialty staff
- Apply resource family practice skills during simulations involving traditional and kinship resource homes

3



NEW STAFF TRAINING
SIMULATION ROLE-PLAY
INSTRUCTIONS

RESOURCE SPECIALIST
CLASSROOM SIMULATION



4

Resource Specialist Facilitator Coaching Guide



- **Facilitator - Before Scene**
 - Identify Lead/Team Communication
 - Participant Goals
 - Goal Accomplishment Strategies
- **Facilitator - After Scene**
 - Review Observation
- **Facilitator - Switch Out Participants**

5

YOUR ROLE IN TODAY'S TRADITIONAL SIMULATION

- Introduce yourself
- Explain the licensing process
- Build rapport with the family
- Assess the home using the Arkansas Minimum Licensing Standards
- Determine whether the family appears appropriate to continue in the licensing process



6

New Staff Training
Simulation Role Play Instructions

TRADITIONAL
IN-HOME CONSULTATION
SIMULATION

7

Meet the Mitchells

Prospective Traditional Resource Home



8



TRADITIONAL
IN-HOME CONSULTATION
SIMULATION

- CHRIS History Search
- Family Strengths
- Family Concerns

9

**YOUR GOALS IN THE
TRADITIONAL
SIMULATION**



- Build Rapport
- Recognize family strengths
- Exercise professional judgment
- Explain why licensing standards exist
- Post-visit debrief

10

**TRADITIONAL
IN-HOME CONSULTATION
SIMULATION**



Scene 1
Interview: David &
Sarah Mitchell

11

**TRADITIONAL
OBSERVATION FORM**



Scene 1
Interview: David & Sarah
Mitchell

12

**TRADITIONAL
IN-HOME CONSULTATION
SIMULATION**

Scene 2
Interview: Lisa & Emma
Mitchell



13



**OBSERVATION
FORM**

Scene 2
Interview:
Lisa & Emma
Mitchell

14



**TRADITIONAL
IN-HOME CONSULTATION
SIMULATION**

Scene 3
Interview: Walkthrough

15



**OBSERVATION
FORM**

Scene 3
Interview:
Walkthrough

16

**TRADITIONAL
IN-HOME CONSULTATION
SIMULATION**

Scene 4
Interview: Closing the
Visit



17



**OBSERVATION
FORM**

Scene 4
Interview:
Closing the
Visit

18

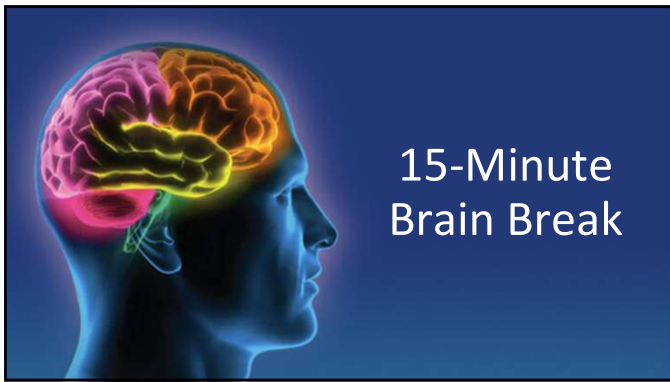
FINAL TRADITIONAL SIMULATION DEBRIEF

1. Self-Reflection
2. Family Perspective
3. Licensing & Assessment
4. Practice Transfer



19

15-Minute Brain Break



20

New Staff Training
Simulation Role Play Instructions

IN-HOME CONSULTATION KINSHIP SIMULATION

21

YOUR ROLE IN TODAY'S KINSHIP SIMULATION



- Introduce yourself
- Explain the licensing process
- Build rapport with the family
- Assess the home using the Arkansas Minimum Licensing Standards
- Determine whether the family appears appropriate to continue in the licensing process

22

Meet Shirley Owens & Tamela Boyers

Kinship Resource Home



23

IN-HOME CONSULTATION KINSHIP SIMULATION



- CHRIS History Search
- Family Strengths
- Family Concerns

24

YOUR GOALS IN THE KINSHIP SIMULATION



- Rapport building
- Recognize family strengths
- Exercise professional judgment
- Explain why licensing standards exist
- Post-visit debrief

25



RESOURCE SPECIALITY SIMULATION

Scene 1
Interview: Shirley Owens

26



KINSHIP OBSERVATION FORM

Scene 1
Interview:
Shirley Owens

27

RESOURCE SPECIALITY
SIMULATION

Scene 2

Interview: Tamela Boyers



28



KINSHIP
OBSERVATION FORM

Scene 2

Interview:
Tamela Boyers

29



RESOURCE SPECIALITY
SIMULATION

Scene 3

Interview: Walkthrough

30



**KINSHIP
OBSERVATION FORM**

**Scene 3
Interview:
Walkthrough**

31

**RESOURCE SPECIALITY
KINSHIP SIMULATION**

**Scene 4
Interview: Visit Closure**



32



**KINSHIP
OBSERVATION FORM**

**Scene 4
Interview:
Visit Closure**

33

FINAL KINSHIP SIMULATION DEBRIEF

1. Self-Reflection

2. Family Perspective

3. Licensing & Assessment

4. Practice Transfer



34



Lunch Break & Transition

35



Monitoring, Support, and Other Responsibilities

36

Routine Resource Specialist Responsibilities



37

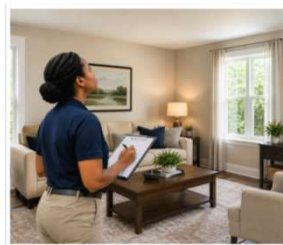
Quarterly Visits: Looking Beyond What is Presented



38

During Quarterly Visits

- Assess child safety and well-being.
- Observe the home environment.
- Engage with children and caregivers.
- Identify concerns requiring follow-up.
- Document observations objectively.

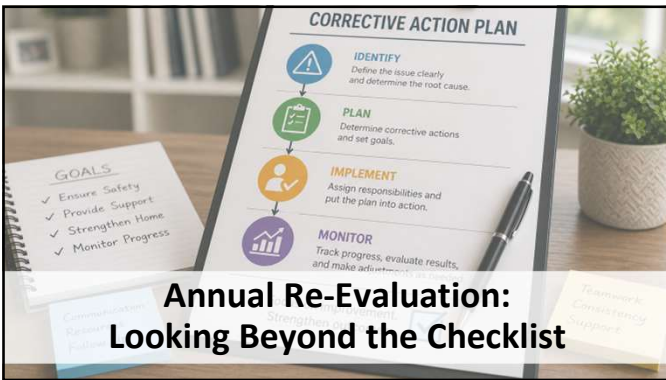


39



Activity: What Do You Do Next?

40



Annual Re-Evaluation: Looking Beyond the Checklist

41

Annual Re-evaluation

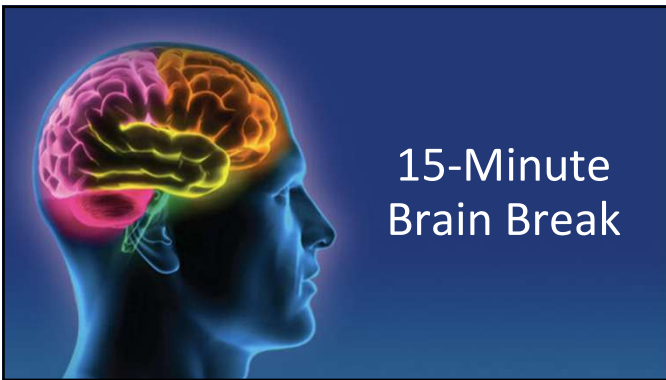
- Review ongoing licensing compliance.
- Complete required background checks.
- Update household information.
- Identify training needs.
- Address deficiencies promptly.

42



Activity: Annual Re-Evaluation

43



44



45

Corrective Action Plan

- Not every concern is a safety threat.
- Match the response to the concern.
- Prioritize child safety.
- Follow required approval processes.
- Document all actions thoroughly.



46

1. No Action
2. Corrective Action Plan



ACTIVITY: You Make The Call

47



Difficult Conversations

48

Difficult Conversations



Difficult conversations are not simply about pointing out what is wrong or reminding a family of a policy or standard.

It is about helping resource parents understand why those expectations matter to child safety and well-being.

49



Medications

50

Medication Assessment

- Frequency and timing of use
- Use in the presence of children
- Storage and accessibility
- Presence of additional caregivers



51



Medication and Its Impact

- Child safety
- Supervision
- Caregiver functioning
- Ability to respond to the child's needs

52



Collaboration

53

Collaboration

- Timeframes
- Staffings
- TPR (Termination of Parental Rights)
- Permanency Planning
- Family Team Meetings
- IHC (In-Home Consultation)



54



55

Application for Out-of-State Travel

- ✓ Ensure that all parties are made aware of the travel
- ✓ Submit DHS-1010 two weeks in advance and receive approval



56



Target Outcomes Evaluation

57



58



59



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

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

Date of Initial Contact: _____ Date of Contact: _____ 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 Specialist 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

	Branches	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 APPLICANTS	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 ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐

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 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 experiencing foster care to acquire and keep personal belongings.
6. Fully cooperate with DCFS's efforts to achieve the family case plan goals for each child experiencing foster care, including family time.
7. Provide routine transportation for each child.
8. Attend and participate in family case planning and family case plan reviews.
9. Attend school conferences concerning a child experiencing foster care and notify DCFS of any situations that may affect the family case plan or require Division involvement.
10. Notify DCFS promptly of serious illness, injury, or unusual circumstances affecting the health, safety, or welfare of the child experiencing 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 experiencing foster care and their 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 experiencing 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 Specialist 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 Specialist 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 Specialist (RS) from the Centralized Inquiry Unit. If the RS does not have the CFS-406 for traditional applicants, please complete the section below. RS 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 RS from the Centralized Inquiry Unit. If the RS does not have the CFS-407 for traditional applicants, please complete the section below. RS 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).	☐	☐	☐
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.	☐	☐	☐
3. Free of rodent and insect infestation.	☐	☐	☐
4. Smoke free (including free from vaping and e-cigarettes) and all resource parents have signed a certification indicating this agreement.	☐	☐	☐
5. Continuous supply of sanitary drinking water.	☐	☐	☐
6. If the source is not a municipal water system, the water has been tested and approved by the AR Dept. of Health.	☐	☐	☐
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.	☐	☐	☐
8. Equipped with a fully operating kitchen, complete with a sink with hot and cold running water, refrigerator, stove and oven.	☐	☐	☐
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.	☐	☐	☐
10. Sufficient lighting, ventilation, and plumbing for safe and comfortable living. This applies to bedrooms which have windows that provide natural light and ventilation.	☐	☐	☐
11. Heating, ventilating, and air conditioning source maintained in safe operating condition that keeps the temperature a minimum 65 degrees to maximum 85 degrees.	☐	☐	☐
12. Adequate space for privacy, play, and study for all household members.	☐	☐	☐
13. Sufficient seating for all household members to eat together.	☐	☐	☐
14. Adequate space for storing clothing and personal belongings for each child, in or near his/her bedroom.	☐	☐	☐
15. Adequate toys that are safe and developmentally appropriate for children placed in the home.	☐	☐	☐
16. Free of obvious fire hazards (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 (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.	☐	☐	☐
17. Operational smoke detector on each level of the home to include operational smoke detector in each bedroom.	☐	☐	☐

18. Operational chemical fire extinguisher, readily accessible, near the cooking area.	☐	☐	☐
19. Carbon monoxide detector on each level of occupancy of the home and near all sleeping areas.	☐	☐	☐
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.	☐	☐	☐
21. Adequate first aid supplies for emergencies.	☐	☐	☐
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.	☐	☐	☐
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.	☐	☐	☐
24. Operational telephone. Working cell phones kept on the premises are accessible, but the phone will be accessible for children.	☐	☐	☐
25. Emergency phone numbers (911, fire, ambulance, poison control, and responsible adult to contact in case of emergency) in a prominent place.	☐	☐	☐
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.	☐	☐	☐
27. All ammunition secured and locked separately from firearms unless they are stored in a safe, handgun safe, or a long gun safe.	☐	☐	☐
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):	☐	☐	☐
29. Proof of current rabies vaccinations as required by Arkansas law for all household pets provided.	☐	☐	☐
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.	☐	☐	☐
31. Satisfactory living space for all persons in the home provided.	☐	☐	☐
Sleeping Arrangements:	YES	NO	N/A
32. Each household occupant has a bedroom that provides privacy.	☐	☐	☐
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.	☐	☐	☐
34. Each bedroom, including the master bedroom, has at least 50 square feet of floor space per occupant.	☐	☐	☐
35. Each bedroom that is used for children in foster care has a window to the outside, which can serve as an emergency escape.	☐	☐	☐

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.	☐	☐	☐
	☐	☐	☐
37. No more than 4 children share a bedroom.	☐	☐	☐
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.	☐	☐	☐
39. Bedding is changed at least weekly and more often if needed.	☐	☐	☐
	☐	☐	☐
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.	☐	☐	☐
41. No children share a bed if either child is 4 years or older.	☐	☐	☐
42. Children under age 6 do not occupy a top bunk.	☐	☐	☐
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>	☐	☐	☐
44. All cribs for children have a current certification of compliance consistent with Consumer Product Safety Guidelines.	☐	☐	☐
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>	☐	☐	☐
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.	☐	☐	☐
47. Resource parents do not co-sleep or bed share with a child in foster care of any age, including infants.	☐	☐	☐
48. No "rock and plays" or similar devices are used as a place of sleep for the infant.	☐	☐	☐
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).	☐	☐	☐
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).	☐	☐	☐
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.	☐	☐	☐
52. Has at least one (1) exterior door that exits directly to the outside or has an	☐	☐	☐

alternate fire escape route.			
53. Yard large enough to provide ample outdoor play space for children.	☐	☐	☐
54. Has fence or barrier to prevent a child's access to a busy street, highway, or other dangerous area.	☐	☐	☐
55. Any outdoor play equipment is safe, hazard-free, and properly anchored.	☐	☐	☐
56. No signage or advertising related to supporting a supporting recruitment agency, to include signage on vehicles used to transport children in foster care.	☐	☐	☐
57. If residence is a mobile home, it is properly installed and stabilized.	☐	☐	☐
58. If the manufactured home is in a mobile home park, there is sufficient fenced play space outside.	☐	☐	☐
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.	☐	☐	☐
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.	☐	☐	☐
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. 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.	☐	☐	☐
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.	☐	☐	☐
63. Unless local codes provide otherwise, the pool enclosure, as applicable: 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.	☐	☐	☐
64. All above ground pools have: 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.	☐	☐	☐
65. All portable pools (inflatable and wading pools) are fenced or emptied after every	☐	☐	☐

use.			
66. Swimming pools are equipped with a life saving device such as a ring buoy.	☐	☐	☐
67. Swimming pools that cannot be emptied after each use will have a working pump and filtering system.	☐	☐	☐
68. Hot tubs and spas have locking safety covers that are locked when not in use.	☐	☐	☐
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.	☐	☐	☐
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).	☐	☐	☐
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?	☐	☐	☐
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.	☐	☐	☐
73. All vehicles owned by the applicants have liability insurance and documentation has been provided.	☐	☐	☐
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.	☐	☐	☐
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>	☐	☐	☐
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> • 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.	☐	☐	☐

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.	☐	☐	☐
78. All over-the-counter medications stored in an area not readily accessible to children, according to the age and development of each child.	☐	☐	☐
79. Medication stored in accordance with pharmaceutical recommendations.	☐	☐	☐
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.	☐	☐	☐
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.	☐	☐	☐
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?	☐	☐	☐
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>	☐	☐	☐

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>).	☐	☐	☐
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>).	☐	☐	☐
3. Eligible household members have been immunized against COVID-19 (<i>this is not required only encouraged</i>).	☐	☐	☐

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/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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ 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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ 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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ 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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ 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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ 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	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible	☐ Eligible ☐ Ineligible

RECOMMENDATIONS

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

Name Date

Signature

Area Manager/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 Specialist 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/)



Arkansas Department of Human Services
Division of Children and Family Services
ALTERNATE COMPLIANCE OF WATER SUPPLY AGREEMENT
RESOURCE HOMES

This agreement is made and entered into on _____ to establish that the home of _____ has agreed to use (state here what alternate water supply will be used) _____ as their water supply in order to meet the safe water supply standard. The resource home agrees to use the above stated alternate water supply during the placement of any children in their home by the Division of Children and Family Services (DCFS).

DCFS also agrees to monitor the resource home for continued compliance with the alternate water supply.

This agreement shall be effective on _____ and shall terminate on _____. This agreement may be terminated at any time during the above stated period of time upon ten (10) days written notice from either party.

NAMES AND SIGNATURES:

Resource Parent Name

Resource Parent Signature Date

Resource Parent Name

Resource Parent Signature Date

Resource Specialist Name

Resource Specialist Signature Date

Resource Supervisor Name

Resource Supervisor Signature Date

Arkansas

Road to Fostering

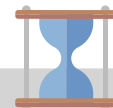
For more information, visit everychildarkansas.org or call 501-214-9179.



Division of Children
& Family Services



Let's Get Started!



How long does the foster applicant process take?

The process can take 6 months or more due to the required paperwork, training and other steps detailed below. The Division of Children and Family Services (DCFS) hopes to have informed resource parents who feel like part of a team. We appreciate your patience.



Submit an online inquiry at everychildarkansas.org to begin the process in becoming a resource parent.

1



The staff then will send you the required background check forms for completion required for all members of the household older than 13.

3



A visual home inspection will be conducted to see what Minimum Licensing and other policy standards are met, and which standards will need to come into compliance.

5



Complete training and begin thinking about creating your Resource Family Support System.

7

Training can take 5-8 weeks to complete



CPR & First Aid Training should be completed at this point in the journey.

9



DCFS Orientation and Final Walk Through to Open Your Home.

11

2

Once your inquiry is received, you will be contacted by a member of the Centralized Inquiry Staff to complete a phone screening.



4

Initial backgrounds checks will be run to see if you or a member of your family has a history that would prevent you from being a resource parent.



6

At this point, you will be contacted for enrollment in upcoming Connecting AR Families training.



8

Schedule your physical and begin gathering other required documentation, i.e. financials and proof of insurance, pet vaccinations, etc.



10

The home study is completed at this time and explores in-depth applicants' social and family history, current family make up, support systems, etc. to assess if they are ready and able to serve children.



IHC Reflection Worksheet

Complete these independently before the group debriefs.

Family Strengths:

What strengths did you observe that would support this family as a resource home?

Licensing Concerns:

What licensing concerns did you identify?

Professional Judgment:

Which concern required the greatest amount of professional judgment?

Why?

Communication:

Describe one thing you did that helped build rapport with the family.

Looking Ahead:

If this were your assigned family, what would your next steps be following today's visit?

Final Reflection:

If you were this family, would today's visit encourage you to continue becoming a resource parent? Why or why not?



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: Shirley Owens

Prospective Provisional Applicant Relationship to Children: Maternal Grandmother

Address: 808 Palm Street City: Pine Bluff Zip Code: 71603

Phone: (870)537 - 1983 Work: () - Cell: () -

Email 1: Email 2:

County of Residence: Jefferson PROVIDER ID: 2240803

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
Shirley Owens	000-285-6450	Self	10/09/1953	65

County of Removal: Jefferson Date: April / 06 / 2017

Referral/Case Number: : Specialist Name:

Contact name/Number for Placement:

CHILDREN NEEDING PLACEMENT				
Name	Sex	Age	Relationship to Applicant	Date Child Placed
Tamela Boyers	Female	15	Granddaughter	04/06/2017

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? One

4. How many bedrooms (including number and size of beds as well as description of bedding for each) are in the home? **Two Bedrooms, Two Beds. One bedroom is 200 sq feet and the master is 250 sq feet**

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

6. What is your primary source of income? Social Security (Retirement)

7. If employed, where do you work? Retired Registered Nurse

8. What is your household income (monthly take home)? \$4,500

9. Do you have any savings for emergencies? If yes, how much? YES ☒ NO ☐ \$ 50,000

10. What do you estimate your overall monthly expenses (rent, utilities, insurance, food) are? \$ 1,500

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

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? Yes

22. When was the last time you saw the children? April 6, 2017

23. Generally speaking, how often do you see the child? Tamela is currently residing in the home.

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

She and I enjoy thifting on the weekends when she is not spending time wirh her sister Angela.

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

She and I enjoy thifting on the weekends when she is not spending time with her sister Anegla.

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.

Tamlea anjoy sending time with her sister and doing art work.

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.

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

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

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: ____/____/____



DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services

Request For Alternative Compliance or Policy Waiver

Name of Family/Employee: _____

DCFS Staff Attending Board Meeting with Family: _____

Address: _____

City: _____

State: _____ Zip Code: _____

County: _____

Phone: _____

Director or Administrator: _____

Type of Alternative Compliance Request:

☐ Adoptive Placement

☐ Foster Care Placement

☐ Employee

Type of Policy Waiver Request:

☐ Adoptive Placement

☐ Foster Care Placement

☐ Employee

Was a Temporary AC Approved?

☐ Yes Date Approved: _____

☐ No

Type of Recommendation

☐ Alternative Compliance / Policy Waiver Requested _____

Disposition of Alternative Waiver

☐ Approved

☐ Denied

Request **Area Manager, or Designee:**

Name _____

Signature _____

Date _____

Assistant Director, Community Services or Designee:

Name _____

Signature _____

Date _____

Division Director:

Name _____

Signature _____

Date _____

Difficult Conversations

Scenario

Glenda is the maternal grandmother to Jessica (8), Jerrod (6), and twins Michael (5) and Mitchel (5) Thompson. The children came into care 2 weeks ago due to allegations of neglect by their mother, Audrey. The children are currently placed in an approved traditional resource home.



The Division is actively looking for relative placements for the children. Audrey reluctantly provided her mother's name as a possible relative for the children's placement. Glenda has a relationship with her grandchildren, but it can be inconsistent at times due to how Audrey manages her home. Her daughter would often become agitated and cut off communication.

Glenda thinks her daughter is addicted to pain pills due to an old injury, and she tries to talk to her about seeking help. Glenda was unaware that her grandchildren were in out-of-home care. She is willing to care for them while her daughter gets the help she needs.

The spacious duplex features a living room, a kitchen/dining room combo, and a den. The main bedroom measures 153 sq. ft., and the second bedroom, which is used as an office, measures 96 sq. ft.

Glenda is a widow and lives alone in her home. The neighbors are close and look out for one another. She attends New Life Bible Church, where she is active in the ladies' ministry. Glenda is a medical coder for Blue Cross Blue Shield. Her position allows her to work from home Monday through Friday from 8 AM to 5 PM.

Glenda drives a 2016 GMC Acadia insured by Allstate. She has a strong support system from her neighbors, church community, and sisters, Gail and Gladys. Glenda's sister, Gail, lives in Little Rock, while her other sister, Gladys, lives about four blocks from Glenda in Sherwood. They speak daily and support each other.

Glenda has acknowledged that she is willing to provide care for her grandchildren.

Questions:

1. What are some of Glenda's strengths?

2. Does Glenda have any identified support systems?

3. How would you tell Glenda that she is not able to be a relative placement for her grandchild unless she moves herself into a smaller bedroom?
