

Iowa Department of Human Services

**FOSTER FAMILY SURVEY REPORT**

Applicant Name(s)		Application Type: <input type="checkbox"/> New	
Street Address		<input type="checkbox"/> Change	<input type="checkbox"/> Renewal
City, Zip Code	County	Licensing Capacity Requested: _____	Foster Children _____
Directions to Home			

**A. GENERAL INFORMATION**

- Construction of Home:  Wood  Concrete  Brick  Stucco  Other
- Number of: \_\_\_\_\_ Rooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms
- Number of Persons Currently in Home: \_\_\_\_\_ Adults \_\_\_\_\_ Own Children \_\_\_\_\_ Foster Children \_\_\_\_\_ Day Care Children
- Date of *Physician's Report for Foster and Adoptive Parents (470-0720)*: \_\_\_\_\_

**B. PHYSICAL STANDARDS** (Attach floor plan for new licenses, remodeling, or new home.)

YES	NO

- Is the foster home safe, clean, well ventilated, properly lighted, properly heated, free of vermin and rodents, and are firearms and hunting paraphernalia locked and inaccessible to children?
- Is the outdoor space clean and orderly and adequate to meet the needs of children of all ages and stages of development?
- Are adequate precautions available to protect a child from hazards such as traffic, pools, railroads, waste material, and contaminated water?
- Do all rooms meet minimum requirements?
- Do sleeping rooms for children in foster care meet the minimum requirements?
- Does every floor of the house with sleeping rooms for children in foster care have a smoke detector or window or other direct exit?
- Are provisions available to meet special physical needs of children?
- Do the toilet facilities meet minimum requirements?
- Does the heating plant meet minimum requirements?

White: Worker

Yellow: Service Area

Pink: Control

YES	NO

10. Are minimum ventilation requirements met?
11. Are combustible materials kept away from furnaces, stoves, and water heaters?
12. Does the family have a written safety plan to be used in case of fire, tornado, or blizzard?

**C. WATER SUPPLY**

YES	NO

1. Is the water supply from a public well? (If public, go to Section D.)
2. Is the private well free of obvious deficiencies? (Attach 470-0693)
3. If more than one well is involved, were all wells tested?
4. Is the nitrate level of the water sample safe for children under age two?
5. Was the water sample analyzed as safe to drink? (If yes, go to Section D.)
6. Did the foster parents provide written agreement to use only safe water? (Attach 470-0699, *Provisions for Alternate Water Supply*, or facsimile.)

**D. WASTE DISPOSAL**

YES	NO

1. Do garbage and rubbish containers meet minimum standards?
2. Is the home connected to a public or private sewage system? (If the home is on a public system, skip item 3 and go to Section E.)
3. Does the private sewage system meet minimum standards?

**E. PHYSICAL CARE**

YES	NO

1. Do the sleeping arrangements meet the minimum standards?
2. Does the structure of the foster home allow for the isolation of an ill child?
3. Are all house pets with access to the outdoors inoculated for rabies?
4. Is the food nutritious and adequate to meet children's needs?
5. Is fluid or powdered milk provided to meet children's needs?
6. Is the food preparation area clean, with facilities to store food, including cold storage for perishable food?

**F. CHARACTERISTICS OF FOSTER PARENTS**

YES	NO	
		1. Are the foster parents at least 18 years of age?
		2. Does the foster family have sufficient income and resources?
		3. Are the foster parents stable, responsible, mature persons with a strong marital relationship (if married)?
		4. Is the foster parents' conduct such that it would not be a detrimental influence on children?
		5. Are the foster parents accepting of children in foster care and their problems and able to be loving toward them?
		6. Do the foster parents show realistic expectations and good judgment in dealing with problem behavior?
		7. Are the foster parents able to accept agency supervision?
		8. Do all members of the foster family agree on taking children into foster care?
		9. Does the family understand and support the need to work toward returning children to their natural families?
		10. Do the foster parents accept the involvement of the children's parents?
		11. Do the foster parents understand and adhere to the requirements for training and discipline of children in foster care including the prohibition of corporal punishment?
		12. Do the foster parents understand their legal authority and that of the agency?

Instructions for Sections G, H, and I: When information is not available because the family has not been licensed with children in placement, NA may be marked, however, observe family situation and functioning with parents' children.

**G. PLANNED ACTIVITIES AND PERSONAL EFFECTS**

YES	NO	NA	
			1. Does the daily routine promote good health and provide an opportunity for normal activity with time for rest and play?
			2. Are children given the opportunity to develop healthy social relationships?
			3. Do the foster parents respect the child's religious background and affiliation?
			4. Is every child given the opportunity to complete high school or vocational training in accordance with the child's aptitude?
			5. Are work assignments in keeping with the child's healthy development?
			6. Does the child's clothing meet the minimum standards?
			7. Do the foster parents provide training and assistance in the selection and proper care of clothing?

YES	NO	NA

- Is the child provided adequate, accessible space for clothing and personal possessions?
- Do the foster parents use appropriate child safety restraints when transporting foster children under the age of 6 in automobiles?

**H. INFORMATION**

YES	NO	NA

- Do the foster parents maintain the necessary information on children in foster care?
- Do the foster parents give the supervising agency the information on the child in foster care when the child leaves the home?
- Do the foster parents maintain confidentiality regarding the child in foster care and the child’s family?
- Do the foster parents understand and agree to comply with their roles as mandatory reporters of child abuse?

**I. SUPERVISION, RELEASE, AND COOPERATION**

YES	NO	NA

- Have the foster parents provided adequate supervision for children?
- Have the foster parents made arrangements for responsible care of the child in foster care during periods of absence?
- Have the foster parents released the child in foster care only to the appropriate persons?
- Did the foster parents cooperate with and meet their responsibilities outlined in the case plan?

**J. TRAINING AND REFERENCE CHECKS**

YES	NO	NA

- Has each foster parent completed the 30 hours of preservice training?
- Has each foster parent completed “Universal Precautions in Foster and Adoptive Homes” and understand they must adhere to these practices?
- Have foster parents received orientation to agency policies?
- Has each foster parent completed two hours of training regarding the mandatory reporting of child abuse within six months after initial license and every five years thereafter (renewals only)?
- Has each foster parent completed six hours of inservice training (renewals only)?
- Did the references provided by the applicant recommend licensing? (Indicate the number saying “yes” and the number for “no.”)

YES	NO	NA

7. Did the other references recommend licensing? (Indicate the number saying “yes” and the number saying “no.”)
8. Are the Public Safety records free of criminal convictions? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)
9. Is the Child Abuse Registry free of founded reports? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)

**K. TREATMENT CARE COMPLIANCE**

YES	NO	NA

1. Each foster parent and other adult caretakers living in the home have completed the 12 hours of treatment preservice training?
2. Each foster parent and other adult caretakers living in the home have demonstrated skills necessary for treatment foster care?
3. Has each foster parent and other adult caretakers living in the home completed inservice training recommended in annual training plan, totaling 12 hours (renewals only)?
4. Is one foster parent available at all times?
5. Have foster parents complied with treatment care requirements (for renewals only)?
  - Daily documentation related to treatment goals maintained
  - Treatment interventions followed
  - Participates in case permanency plan development and implementation
  - Works with birth parents as required in case permanency plan

**L. UNANNOUNCED VISIT**

YES	NO	NA

1. Was an unannounced visit conducted in the last year?
2. Did the foster parents cooperate with the unannounced visit?
3. Was the quality of the living situation observed during the visit acceptable and the home in compliance with policies?
4. If deficiencies were noted, did the foster parents provide written commitment to correct the deficiencies?
5. If deficiencies were noted and the foster parents agreed to correct them, were the deficiencies corrected?

**M. RECOMMENDATION**

1. Complete if the home has requested treatment foster home certification, otherwise proceed to 2:

- This foster home meets treatment foster care certification standards.  YES  NO  
Certification effective \_\_\_\_\_.
- Deny treatment certification. Address reason(s) for denial in comments and licensing narrative.

2.  Issue a full foster home license for \_\_\_\_\_ foster children, including (0-2) \_\_\_\_\_ treatment foster children effective from \_\_\_\_\_ until \_\_\_\_\_.

Issue a provisional foster care license for \_\_\_\_\_ foster children effective from \_\_\_\_\_ until \_\_\_\_\_.  
(Attach *Recommendation for Provisional License*, 470-0698)

Deny the application for a foster family home license. (Attach *Recommendation for Denial of a Foster Family License*, 470-0704)

Comments:

Worker Signature	Title	Supervisor Signature (Per Agency Policy)	
Date	Agency	Date	Title/Agency

**N. DECISION**

- Recommendation accepted as stated.
- Decision differs from recommendation as follows:

Service Area Manager or Designee Signature	Date
--	------