

Foster Family Survey Report

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

A. GENERAL INFORMATION

1. Construction of home:
 Built before 1960 Wood Concrete Brick Stucco Other
2. Number of: _____ Rooms (living space) _____ Bedrooms _____ Bathrooms
3. Number of persons currently in home:
 _____ Adults _____ Children _____ Foster children _____ Child care children
 Persons in the home who smoke: _____
4. Date of *Physician's Report for Foster Parents* (470-0720):
 Initial report: _____ Updated report: _____

For any requirements checked No, address these in the narrative.

B. PHYSICAL AND SAFETY STANDARDS (Attach floor plan for new licenses, remodeling, or new home. Indicate where children are sleeping.)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the foster home safe, clean, well ventilated, properly lighted, properly heated, and free of vermin and rodents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the outdoor space clean, orderly, free of hazards, and adequate to meet the needs of children of all ages and stages of development? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are adequate precautions and supervision available to protect a child from hazards such as traffic, pools, hot tubs, tobacco smoke, railroads, waste materials, and contaminated water? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do all rooms meet minimum requirements for health and safety? (Note in the narrative if the foster parent has completed the <i>Lead Paint Assessment</i> , form 470-4819, if the home was built before 1960.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do the bedrooms for children meet the minimum health and safety requirements, including a working window that opens in, a closet, etc. for child's clothing, provisions for a child to safely reach the outside from a window exit? |

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does every floor of the house where people sleep have a working UL-approved smoke detector (test the detector) and carbon monoxide detector? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are provisions available to meet the special physical needs of children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the toilet and other plumbing facilities operational to meet minimum requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the heating plant operational and have a capacity to maintain a temperature of approximately 65 degrees at a point 24 inches from the floor during severe weather and in bedrooms with the door closed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are minimum ventilation requirements met and do all windows have screens? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are combustible materials kept away from furnaces, stoves, water and space heaters and stored securely and inaccessible to a child? (Kerosene heaters and gas-fired space heaters are not allowed.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is there an unexpired and operable 2A-10BC-rated or ABC-rated fire extinguisher in the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Does the family have a written safety plan to be used in case of fire, tornado, flood, blizzard, other natural disasters, accidents, and medical issues? Do the children understand the safety plans? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are all weapons, firearms, and ammunition stored unloaded, maintained in separate locked places and are inaccessible to a child of any age? (Note in the narrative where the key is stored.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Do all vehicles transporting the children have unloaded guns with any ammunition in the vehicle kept in a separate locked container? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Was a <i>Firearms Safety Plan</i> , form 470-4657, for carrying firearms signed by the foster parent or other household member who has a permit to carry a firearm? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the foster parent comply with the Iowa criminal code stating no child age 14 or older can be given access to firearms or ammunition without the express permission of the parent or guardian of the child including completing a state-approved Hunter Education Training? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Are all dangerous and hazardous material, objects, motorized vehicles (i.e., lawn mowers, snowmobiles, etc.), and power equipment stored securely and inaccessible to a child as appropriate for their age and developmental stage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Does the home have at least two unrestricted exterior exits? Do rooms below ground, including bedrooms, have access to at least one direct exit to the outside on that level and one inside stairway exit on that level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Are all prescription medications and poisonous substances kept in a locked storage container inaccessible to a child as appropriate for their age and developmental stage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Do household members who smoke not smoke in the foster home and vehicle when children are present? (Note in the narrative how they do this.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Do household pets, and any outdoor animals or pets accessible to foster children have a current veterinary health certificate verifying the animal has had routine vaccinations as required by local ordinances? |

C. WATER SUPPLY

YES NO

- 1. Is the water supply from a public water supply system? (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. If the water tests indicate the water is unsafe, the family has signed an annual waiver (after the initial testing) to use only safe water? (Attach 470-0699, *Provisions for Alternate Water Supply.*) Annual testing of the water may be waived after three consecutive years when the family has made ongoing alternative arrangements for the use of safe, potable water.)

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 per 441 IAC 113.6(5)“b”?

E. PHYSICAL CARE

YES NO

- 1. Do the sleeping arrangements meet the minimum standards as outlined in manual and rules: children over six years of age do not share a bedroom with the opposite sex, foster children shall not share a bed with any child, children under the age of one year are placed on their backs when sleeping, foster parents have a designated bedroom, foster children under the age of two may share a bedroom with a foster parent, and children aged two and older shall be provided a bedroom other than the foster parents?
- 2. Does the structure of the foster home allow for the isolation of an ill child?
- 3. Is the child provided adequate, accessible space for clothing and personal possessions (closet, wardrobe, armoire or dresser)?
- 4. Are the food and beverages nutritious and adequate to meet the children’s needs?
- 5. Is milk provided to meet the children’s needs?
- 6. Is the food preparation area clean, with facilities to store food, including cold storage for perishable food?
- 7. Does the foster parent administer prescription medication as directed by a qualified medical professional and document this in a medication log? Are over-the-counter medications administered by the foster parent according to label directions or as directed by a physician?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do the foster parents use appropriate child safety restraints per Iowa law when transporting foster children of any age in their motor vehicles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do the foster parents who transport children in motor vehicles have a valid Iowa driver's license and are they adequately insured? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do bedrooms used by foster children meet building code requirements, have permanent walls, a door that closes, a working window that opens from the inside, and a minimum area of 40 square feet? |

F. CHARACTERISTICS OF FOSTER PARENTS

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the foster parents at least 21 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do the foster parents have sufficient source of income to meet the needs of the family without relying on the Department's maintenance payment for the care of a foster child? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are the foster parents stable, responsible, mature persons? If married or cohabitating, is the relationship stable? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the foster parents' conduct such that it would not be a detrimental influence on children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the foster parents accepting of the children, able to deal with acting out behavior and show realistic expectations and good judgment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the foster parent support the case permanency plan for the foster child, willing to cooperate with visits, transportation, or other activities that support the child's connection to and reunification with the child's family? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do all members of the foster family agree on taking children into their home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the foster parents willing to accept agency supervision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do the foster parents actively ensure that the foster child stays connected to the child's kin, culture, and community as required in the child's case permanency plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do the foster parents accept the involvement of the children's parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do the foster parents who are providing foster care, understand and adhere to the requirements for training and discipline of children in their care, including the prohibition of corporal punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do the foster parents understand that they have no legal authority for the children while they are in the custody and/or guardianship of the state? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Does the physician's report indicate each foster parent has no health problems that would be a hazard to children, and that the foster parents' health would not prevent needed care from being provided to the child? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Does the Mental Health Statement (if applicable) indicate that the foster parent's mental health diagnosis will not interfere with their parenting? |

Instructions for Sections H, I, and J: 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 the parents' children.

G. PLANNED ACTIVITIES AND PERSONAL EFFECTS

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the daily routine promote good health and provide an opportunity for normal activity with time for rest and play? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are children given the opportunity to develop healthy social relationships? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the foster parent provide a child in care with the opportunity for spiritual development and cultural practices in accordance with the wishes of the child and the child's parent or tribe? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Do the foster parents cooperate to implement the education and training plan for the child as specified in the <i>Family Case Plan</i> (case permanency plan) and any educational programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are household chores in keeping with the child's age and development? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the child's clothing meet the minimum standards? Iowa Code has a description of minimum standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do the foster parents who are parenting a child in the custody or guardianship of the Department of Human Services, acknowledge that the child must attend public school? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the foster parent encourage the child to participate in extracurricular activities that are appropriate for the child's age, interest, and ability? |

H. INFORMATION

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do the foster parents, who are providing foster care, maintain a separate folder of information on each foster child in their care? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do the foster parents give the Department the folder of information on the child in care when the child leaves the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do the foster parents maintain confidentiality regarding any child who is placed in the guardianship or custody of the Department of Human Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. 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 | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have the foster parents provided adequate supervision for children in their care? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have the foster parents made arrangements for responsible care of the child who is placed in the custody or guardianship of the Department of Human Services during periods of absence? |

YES NO NA

3. Have the foster parents released the child in foster care only to the appropriate persons?
4. Did the foster parents cooperate with and meet their responsibilities outlined in the case plan?

J. TRAINING AND REFERENCE CHECKS

YES NO NA

1. Has each foster parent completed the 30 hours of preservice training?
2. Has each foster parent completed "Universal Precautions in Foster Homes" and understand they must adhere to these practices?
3. Has each foster parent completed medication management self study training within the initial year of licensing?
4. Has each foster parent completed CPR and first aid training in the initial year of license and every three years thereafter? Next date due: _____
5. 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)? Next date due: _____
6. Has each foster parent completed six hours of in-service training during their training cycle (renewals only) and completed the foster parent training plan?
7. Did the solicited references recommend licensing? (Indicate the number saying "yes" and the number saying "no.")
8. Did the unsolicited references recommend licensing? (Indicate the number saying "yes" and the number saying "no.")
9. Are the annual Public Safety records free of criminal convictions? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)
10. Is the Child Abuse Registry annual check free of founded reports?
11. Is the annual Sex Offender Registry check free of criminal convictions? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)
12. Does the finger print search of records show a criminal history record exists for any foster family applicant? (If yes, ensure documentation is in the file.)
13. Are the out-of-state Child Abuse Registry checks free of founded reports for all adult household members? (Each previous state of residence where the adults in the home have lived in the last five years must be checked.)

K. UNANNOUNCED VISIT

YES NO NA

1. Did the recruitment and retention contractor complete the unannounced visit for the year? Date completed and persons present:

2. Did the foster parents cooperate with the unannounced visit?

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| YES | NO | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Was the quality of the living situation observed during the visit acceptable for the child's safety, well-being, and health, and was the home in compliance with policies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Were there any concerns from Department workers? If deficiencies were noted, did the foster parents provide a written commitment to correct the deficiencies by signing a corrective action plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. If deficiencies were noted and the foster parents agreed to correct them, did a follow-up visit occur that documents the deficiencies were corrected or progress was made toward completing the corrective action plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. If deficiencies noted posed a danger to the child or children, was the DHS licensing worker called immediately? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Did the foster parents report any concerns or have questions? Did the foster child report any concerns or have questions? (Interview the child away from the foster family.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Was their progress on the foster parents completing training in the foster parent training plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Was the interaction between the children and foster family and household members constructive? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Was there a discussion of placements during the licensing year and, if none, the reason why? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Was the foster home in compliance with license capacity? |

L. RECOMMENDATION

- Issue a full foster home license for _____ children, including up to _____ children under the age of 2 effective from _____ until _____.
- Issue a provisional foster home license for _____ children effective from _____ until _____. (Attach *Recommendation for Provisional License*, 470-0698.)
- Deny the application for a foster home license. (Attach *Recommendation for Denial of a Foster Family License*, 470-0704.)

Comments:

Recruitment & Retention Contractor Licensing Worker Signature	Contractor Licensing Supervisor Signature
Date	Date

M. DECISION

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

Service Area Manager or Designee Signature	Date
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