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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)**Foster Home Monitoring Visit** |
| **HOME INFORMATION** |
| PROVIDER NAME | PROVIDER NUMBER |
| LICENSOR NAME | LICENSED AGE FROM | LICENSED AGE THROUGH |
| VISIT DATE | LICENSED FOR NUMBER | NUMBER OF PLACEMENTS |
| **HOME REVIEW** |
| **CHECKLIST** | **YES** | **NO** | **N/A** |
| [WAC 110-148-1375](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1375) Current First Aid and CPR (both caregivers)  | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1440](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1440) Home sanitary  | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1440](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1440) Safety hazards (specify below)  | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1450](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1450) Age appropriate child-proofing | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1460](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1460) and [1465](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1465) Fire safety precautions | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1470](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1470) and [1475](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1475) Sleeping arrangements  | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1485](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1485) Alcohol and/or marijuana are inaccessible to youth | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1500](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1500) Firearms locked  | [ ]  | [ ]  | [ ]  |
| [WAC 110-148-1565](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1565) Medications locked | [ ]  | [ ]  | [ ]  |
| Safe Sleep re-assessment ([resource](https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf))   | [ ]  | [ ]  | [ ]  |
| Compliance Agreement needed: [ ]  Yes [ ]  No  |
| If hazards are present please describe:  |

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| Supervision Plan for Site Specific Conditions (DCYF 10-419): [ ]  Yes [ ]  No  |
| **HOUSEHOLD MEMBERS 16 YEARS AND OLDER** |
| NAME | ROLE | DATE OF BIRTH | HOME OR PROPERTY | BACKGROUND CHECK  |
| YES | NO |
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| **FOSTER PARENT INTERVIEW** |
| NAME |
| How many children in placement do you currently have, and what are their ages? |

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| How are things going with children in placement? |

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| Is there a Youth Supervision and Safety Plan, DCYF 15-352, for any of the children in your home? [ ]  Yes [ ]  No If yes, which child(ren)?  |
| How do you support a child’s connections or relationships with biological siblings, family, or other permanent connections? |

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| How do you meet your family’s needs for self-care and respite? Are you aware of support groups for foster parents? How are you meeting your in-service training requirements? |

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| Are you interested in any changes to your capacity? |

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| Do you have any other questions, or is there anything else I could help you with? |

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| **ADDITIONAL NOTES** |

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| **NON-VERBAL CHILD IN PLACEMENT OBSERVATION** |
| [ ]  Yes [ ]  No |
| CHILD’S NAME | CHILD’S AGE | ASSIGNED WORKER |
| Foster parent’s description of child specific needs (if applicable): |

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| Describe the child’s appearance and activities during observation: |

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| Describe the foster parent/child interaction: |

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| **ADDITIONAL NOTES** |

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| **CHILD IN PLACEMENT INTERVIEW** |
| [ ]  Yes [ ]  No |
| CHILD’S NAME | CHILD’S AGE | ASSIGNED WORKER |
| **Home\*:** Who lives in the home and on the property?Tell me about living here?How do you get along with the other children in the home?What are some activities or things you do here? |

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| **Safety\*:** Are there things about living here that make you feel safe or unsafe?Is there someone you can go to if you need help?If another child would come to live here what would you tell them about the home?If there was an emergency how would you get out of the house? |

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| **Household Rules / Discipline\*:** Do you have any chores or other things you are responsible for?Are there any rules of the home? What are they?\*If someone breaks the rules what happens?\* |

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| **Food\*:** Tell me about the food here (any rules to food or snacks)?\* |

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| **ADDITIONAL NOTES** |

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| **LD/CPA Staff Signature** |
| LD/CPA STAFF SIGNATURE | DATE |
| LD/CPA STAFF NAME |