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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **RESOURCE PROVIDER QUARTERLY HOME VISIT** | | | | | | | | | | |
| Name of Resource Parent(s): | | | | DVN: | | Date of Visit: | | | | | |
| Worker Conducting Visit: | | Telephone: | | | Email: | | | | | | |
| Street | | | | City | | | | State | | Zip Code |
| Individuals participating in the quarterly visit: | | | | | | | | | | | |
| Name, DOB, Relation (Initials only for Foster Children/Youth): | | | Name, DOB, Relation (Initials only for Foster Children/Youth): | | | | | | | | |
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| **Household Changes** | | | | | | | | | | | |
| **Foster parent(s) must notify the division or its contractor at least two (2) weeks prior to any change in family situation. Please provide a detailed explanation for any changes noted since last quarterly visit.** | | | | | | **Yes** | | **No** | **Date occurred** | |
| 1. Have there been changes in the Household Composition?  **If yes, complete a new Family Foster Profile CD-56** | | | | | |  | |  |  | |
| 2. Has anyone in the household been arrested, plead guilty to, or been convicted of a criminal offense?  If so, city and state: | | | | | |  | |  |  | |
| 3. Has anyone in the household had a serious illness that is still contagious?  If so, type of illness: | | | | | |  | |  |  | |
| 4. Has anyone in the household been treated or diagnosed for chemical dependency and/or alcoholism? | | | | | |  | |  |  | |
| **Resource Home Safety Walkthrough and Licensure Compliance** | | | | | | | | | | | |
| **A safety walkthrough is conducted at each quarterly visit to ensure continued safety and compliance with licensing regulations in the resource provider home.** | | | | | | **Yes** | | **No** | **Date Toured** | |
| 1. The resource provider’s Foster Home License is displayed in the home?  Explanation: | | | | | |  | |  |  | |
| 2. The home appears clean, in good repair and is free from infestation?  Explanation: | | | | | |  | |  |  | |
| 3. Mobile homes have two, unobstructed exits at each end of the home; are fully skirted with latticed or solid skirting; and are securely anchored by cable to the ground?  Explanation: | | | | | |  | |  |  | |
| 4. An emergency exit plan and telephone numbers of the fire department, police, doctor, and ambulance are posted in the home and the house number is plainly visible from the street in case of an emergency.  Explanation: | | | | | |  | |  |  | |
| 5. Working smoke detectors are installed and placed in locations where sleeping areas can be alerted in case of fire?  Explanation: | | | | | |  | |  |  | |
| 6. A Five (5) pound, fully charged fire extinguisher is located in the kitchen area?  Explanation: | | | | | |  | |  |  | |
| 7. If the home has gas heat or appliances, a working carbon monoxide detector is installed?  Explanation: | | | | | |  | |  |  | |
| 9. Each foster child under the age of two (2) has a separate bed or crib consistent with safe sleep practices, and does not co-sleep or bed-share with the Foster Parent or any other household member.  Explanation: | | | | | |  | |  |  | |
| 10. Foster Children two (2) years of age or older do not sleep in the bedroom of the foster parents except for special temporary care, such as during a child’s illness.\*  Explanation: | | | | | |  | |  |  | |
| 11. Each bed or crib is of a size as to ensure comfort of the foster child, has a firm mattress or an orthopedic supportive surface, in good, clean condition with waterproof covering, if needed, and suitable covers adequate to the season.  Explanation: | | | | | |  | |  |  | |
| 12. Foster children of the opposite sex who are six (6) years of age or older do not sleep in the same room.\*  Explanation: | | | | | |  | |  |  | |
| 13. Each child has separate accessible drawer and closet space.\*  Explanation: | | | | | |  | |  |  | |
| 14. Alternative heating sources are protected and safe.  Explanation: | | | | | |  | |  |  | |
| 15. Windows above 2nd floor have screens and can be used in an emergency for escape.  Explanation: | | | | | |  | |  |  | |
| 16. Weapons and ammunition are stored in locked areas or cabinets, with keys or other locking mechanisms, so as to be inaccessible to children. If weapons are present, the worker observed the storage of weapons and ammunition.  Explanation: | | | | | |  | |  |  | |
| 17. There are no surveillance cameras in areas of the home that violate the privacy of the foster youth, e.g.  bathrooms, and dressing areas.  Explanation: | | | | | |  | |  |  | |
| 18. Outdoor play space is fenced when in the judgment of the division, nearby street traffic, railroad tracks, lake, river, swimming pool, or other potential hazard suggests the necessity for such protection.  Explanation: | | | | | |  | |  |  | |
| 1. Swimming pools are in compliance with state regulation (barrier on all sides, safety barrier for access, life saving device, pump and filtration, safety covers for hot tubs and spas).   Explanation: | | | | | |  | |  |  | |
| 1. All flammable liquids, matches, cleaning supplies, poisonous materials, medication, marijuana (as defined in 19 CSR 30-95.010(20)) or marijuana-infused products (as defined in 19 CSR 30-95.010(21)) for medical use (as defined in 19 CSR 30-95.010(27)), alcohol, or other hazardous items shall be stored so as to be inaccessible to the children.   Explanation: | | | | | |  | |  |  | |
| 1. The following items were observed for each foster youth: Lifebook, Medical File, and Educational File.   Explanation: | | | | | |  | |  |  | |
| 1. The following items were viewed and current for each resource parent:   Foster Parent ID      ,  Driver’s License      ,  Car Insurance      ,  Car Registration      ,  Disaster Plan (Foster Parent reviews with child every 6 months)      , | | | | | |  | |  |  | |
| **Quarterly Summary:** Discuss and summarize the past quarter’s placements, notification and participation in FSTs, family and/or agency concerns, hotline reports and outcomes, changes to the household and continued compliance with licensing rules and regulations, holds, and any adverse action taken/not taken. | | | | | | | | | | | | |
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| **Resource Provider Competency Scale:**  On a scale of 0 to 10, 10 means everyone is confident that the resource home is meeting all competencies and there are no concerns, stressors, or needs of the home and 0 means that the resource home is not meeting one or more of the competencies and there are concerns, stressors, or needs of the home, where do we rate the situation?  (Place different people’s assessment on the continuum)  **0 10** | | | | | | | | | | | | |
| **Foster Parent Training and Professional Development Plan:** What training hours have been completed this quarter, what training opportunities can support the goals and next steps from above, what required trainings are needed for renewal and how many training hours have been completed/are still needed? What are the family’s goals within the program (continues as they are, changes to child preferences, become medical/elevated needs and/or accept teens)? What specific areas will be improved when change has occurred? What will change look like? | | | | | | | | | | | |
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| **Provider Tasks to be reviewed at next quarterly visit:** | | | | | | | | Date to be completed: | | | | |
| **Worker Tasks to be reviewed at next quarterly visit:** | | | | | | | | Date to be completed: | | | | |
| APPLICANT/PROVIDER SIGNATURE  ► | | | | | | | | DATE SIGNED | | | | |
| APPLICANT/PROVIDER SIGNATURE  ► | | | | | | | | DATE SIGNED | | | | |
| I have toured this home and reviewed this form with the resource parent(s)/applicant(s) and am of the opinion that the above information is accurate and that the home and resource parent(s)/applicant(s) appear to continue to meet licensing requirements of physical standards of the home with possible concerns and explanations noted above. | | | | | | | | | | | | |
| SIGNATURE OF RESOURCE LICENSING WORKER  ► | | | | | | | | DATE SIGNED | | | | |
| SIGNATURE OF SUPERVISOR  ► | | | | | | | | DATE SIGNED | | | | |

\*Waivers are available for Relative Homes