



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
 CHILD PLACING AGENCY SUPERVISORY REVIEW

DATE	NAME OF AGENCY/SITE	ADDRESS
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LICENSURE PERIOD	NAME OF PERSON(S) ATTENDING CONFERENCE
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PRESIDENT NAME/ADDRESS	CHAIR OF BOARD NAME/ADDRESS
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LICENCED FOR

RECOMMENDATION OF FOSTER HOME LICENSURE       PLACEMENT OF CHILDREN IN FOSTER FAMILY HOMES

FOSTER CARE SERVICES     ADOPTION SERVICES

A survey of your facility has been conducted, and you are hereby notified of the standard findings as stated below.

√ = Compliance		X = Noncompliance						
√	x	ITEM	√	x	ITEM	√	x	ITEM
		<b>Organization and Administration (Section 35-73.020)</b>			<b>Operational Requirements (Section 35-73.040)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Foster Family Services
<input type="checkbox"/>	<input type="checkbox"/>	Governing Body	<input type="checkbox"/>	<input type="checkbox"/>	Office Space/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Foster Family Assessment/Renewal
<input type="checkbox"/>	<input type="checkbox"/>	License Posted Conspicuous Place	<input type="checkbox"/>	<input type="checkbox"/>	Fees/fiscal Practices	<input type="checkbox"/>	<input type="checkbox"/>	Foster Homes Licensing Violations
<input type="checkbox"/>	<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	Records Extraordinary Events			<b>Placement of Children and Foster Family Homes (Section 35-73.070)</b>
		<b>Personnel Practices (Section 35-73.030)</b>			<b>Protection and Care of the Child (Section 35-73.050)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Placement Policy
<input type="checkbox"/>	<input type="checkbox"/>	Personnel Manual	<input type="checkbox"/>	<input type="checkbox"/>	Unusual Incident			<b>Foster Care Services (Section 40-73.075)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Personnel Records	<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	Records/Supervision
		<b>Staff Qualification and Requirements (Section 35-73.035)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline			<b>Adoption Services (Section 35-73.080)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Administrative Staff/Supervisor			<b>Health Care (Section 35-73.055)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Program Requirements
<input type="checkbox"/>	<input type="checkbox"/>	Professional Staff	<input type="checkbox"/>	<input type="checkbox"/>	Health Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Birth Parent Services
<input type="checkbox"/>	<input type="checkbox"/>	Contracted Staff			<b>Recommendation of Foster Homes for Licensure (Section 35-73.060)</b>	<input type="checkbox"/>	<input type="checkbox"/>	Services to Child
<input type="checkbox"/>	<input type="checkbox"/>	Students/Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	Initial Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Services to Adoptive Family
<input type="checkbox"/>	<input type="checkbox"/>	Caseload Size	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other

COMMENTS:

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**A CORRECTIVE ACTION PLAN TO ADDRESS THE ABOVE CITED NON-COMPLIANCE ISSUES MUST BE PROVIDED TO THE RESIDENTIAL PROGRAM UNIT (RPU) WITHIN THIRTY (30) DAYS OF RECEIPT OF THIS FORM. A COPY OF THIS FORM WILL BE FORWARDED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS.**

AGENCY REPRESENTATIVE	LICENSING CONSULTANT
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