

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		

This form is to be completed with the family.

Note – An exception to policy for licensing standards related to safety can be submitted and will be considered for unique circumstances. Non-safety licensing standards for kin/fictive kin can be waived by completing 470-4873.

A. General Information

1. Construction of home:
 - Built before 1978 (Check if yes)
2. Number of Rooms Used by Family:

_____ Rooms _____ Bedrooms _____ Bathrooms _____ Kitchens

(Count living space only – **do not include rooms used strictly for storage or office spaces not commonly used by children.**)
3. Number of persons currently in home:

_____ Adults _____ Children (Bio/Adoptive) _____ Foster children

_____ Respite children (Waiver) _____ Daycare children _____ Kin/Fictive Kin

 - Full time
 - Part time

Persons in the home who smoke and/or vape: _____
4. Date of *Health Report for Foster and Adoptive 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 | N/A | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | 1. Is the resource home safe, clean, well ventilated, properly lighted, properly heated, and free of vermin (insects, cockroaches, etc.) and rodents? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 2. Is the outdoor space safe, clean, orderly, free of hazards, and adequate to meet the needs of children of all ages and stages of development for active play? |
| <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, bodies of water such as lake, river, or creek, waste materials, and contaminated water? |

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		4. Are there appropriate environmental protections such as door alarms, baby monitors, fences, and foliage barriers to protect a child from hazards? a. List each hazard (pond, railroad tracks, busy streets, etc.) and the environmental protection being used for it. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. When there is a swimming pool or child's plastic pool on the premises: a. Child's plastic pool or wading pool drained daily and inaccessible to children when not in use. b. Swimming pools have a barrier on all sides at least four feet high which would prevent a child from accessing pool without foster parent intentional assistance. Methods of access through the barrier equipped with a safety device such as a bolt lock. c. Above ground or in-ground swimming pool that is not fenced shall be covered when pool is not in use with cover that meets or exceeds ASTM International specifications. Cover must be equipped with a lock. d. Swimming pool equipped with a lifesaving device such as a ring buoy. e. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system. f. Hot tubs and spas must have safety covers that are locked when not in use. g. Resource parent will provide reasonable supervision according to ages and swimming abilities of children when they are using the pool.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Resource parent has completed <i>Lead Paint Assessment Form 470-4819</i> if the home was built before 1978. (Initial and renewal licensing, move to a new home) They have applied interim controls to lead paint hazards if applicable.
<input type="checkbox"/>	<input type="checkbox"/>		7. Are bedrooms constructed or remodeled for the purpose of sleeping and have adequate heat and ventilation?
<input type="checkbox"/>	<input type="checkbox"/>		8. Do bedrooms have permanent walls, a door that closes, and an unobstructed, operable window that opens from the inside and is large enough to all for an unrestricted exit by a foster child?
<input type="checkbox"/>	<input type="checkbox"/>		9. Do bedrooms have a standard bed?
<input type="checkbox"/>	<input type="checkbox"/>		10. Are bedrooms designated with respect to rules requiring no bedroom sharing for children of opposite sex age 5 or older
<input type="checkbox"/>	<input type="checkbox"/>		11. Is the child provided adequate bedroom space for their clothing, e.g., a closet, wardrobe armoire, or dresser?

YES NO N/A

12. For infants and toddlers who cannot safely use a standard bed, foster parents have provided a crib or crib-like furniture which has a waterproof mattress covering, sufficient bedding to enable a child to rest comfortably and meet the current standards or recommendations from the U. S. Consumer Product Safety Commission or ASTM International for juvenile products for each child under two years of age if developmentally appropriate?

If N/A, skip to question 14.

Comments/explanation of any requirement not met and how it will be resolved, e.g. variance requested and date of approval.

13. Resource parents adhere to the following safe infant sleeping practices:

a. Infants are always placed on their backs to sleep (Under age one).

b. The crib or crib-like furniture has a firm mattress with a tight-fitting sheet that meets US Consumer Product Safety Commission to federal standards.

c. The infant will not be allowed to sleep on a soft surface bed, sofa, air mattress, or other soft surface or allowed to sleep in any item not designed for sleeping (this is not referring to a child in a car seat in a car).

d. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area of the infant within their crib or crib-like furniture.

e. No co-sleeping allowed.

f. If an alternative sleeping position is needed for an infant, a signed authorization with a statement of a medical reason is required and shall be submitted by a physician, advanced registered nurse practitioner, or physician assistant.

Comments/explanation of any requirement not met and how it will be resolved.

14. The bedroom ceiling height is adequate and the minimum bedroom area per child is 40 square feet unless a variance has been approved by HHS. When there is not 40 square feet of space for children there is an additional study area with lighting and room for play in other parts of the home.

15. Resource parents understand that video/surveillance cameras are not allowed in children's bedrooms or bathrooms. Only baby video monitors are allowed in bedrooms for children birth to two years of age.

16. Below ground bedrooms used by children in care are free from excessive dampness, noxious gasses, and objectionable odors.

17. Below ground bedrooms have at least one unrestricted exit to the outside of the house and one inside stairway exit on the basement level to the first-floor ground level.

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Below ground bedrooms have a ladder or steps, etc. for the child to safe reach the window if the window will height is more than 44' above the floor. For the egress window, it is 24"x20" or vice versa, and there are provisions (such as a step ladder) for the placed child to safely reach ground level of the window well depth is more than 44" or higher. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Below ground bedrooms have a finished ceiling, e.g., drywall or a drop ceiling. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Below ground bedrooms have a covered floor, e.g., carpet, tile, large rug. |
| | | | Comments/explanation of any requirement not met and how it will be resolved. |
| <hr/> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | 21. Any floor of the house, including the basement, has a working smoke detector which is UL approved in sleeping areas and a carbon monoxide detector when there are gas appliances, furnaces, fireplaces, and other gas equipment (such as a water heater), and an attached garage. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. For a hearing-impaired placed child there is a smoke detector in their bedroom that uses an alternative means of waking the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 23. Each smoke detector has been tested and is operational. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 24. The bedding for a child in care is clean. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 25. The home has bathroom facility with at least one toilet, sink, and tub or shower in safe operating condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 26. The toilet and other plumbing facilities are clean and operational and have natural for artificial ventilation (e.g., there is an exhaust fan or window and the toilets flush and there are no pipe leaks found under the sink nor mold on the walls or ceiling). |
| <input type="checkbox"/> | <input type="checkbox"/> | | 27. The heating plant is operational and has the capacity to maintain a temperature of approximately 65 degrees in the bedroom with the door closed and is cooling system consistent with accepted community standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 28. The temperature of the water heater is set in accordance with the manufacturer's recommendations to prevent an accidental burning or scalding of a child in care. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 29. Fireplaces and water heaters are vented to the outside. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 30. Rooms occupied by children in care have a screened window that opens, or they have a mechanical venting system. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 31. Combustible materials are kept at least three feet away from heat sources, including but not limited to furnaces, stoves, space heaters, and hot water heaters (water heaters in a garage need to elevate 18" above the color as they pose an explosion hazard.) |
| <input type="checkbox"/> | <input type="checkbox"/> | | 32. Resource parent is aware that kerosene heaters and gas-fired space heaters are not allowed. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 33. Explosive and flammable substances, including matches and lighters are stored securely and inaccessible to a child. |

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		34. The home has at least one 2A=10BC rated or ABC rated fire extinguisher that has not expired. The pressure gauge needle is in the green area on the fire extinguishers.
<input type="checkbox"/>	<input type="checkbox"/>		35. The family has written and posted in a prominent place emergency safety action plans with a designated meeting place to be used in case of fire, tornado, flood, blizzard, other natural or manmade disasters, accidents, medical issues, and other life-threatening situations.
<input type="checkbox"/>	<input type="checkbox"/>		36. Fire and tornado safety plans are reviewed with children at the time of placement and annually thereafter.
<input type="checkbox"/>	<input type="checkbox"/>		37. In case of emergency evacuation, foster parents are aware they must provide HHS a temporary address and phone number within 24 hours.
<input type="checkbox"/>	<input type="checkbox"/>		38. Family must maintain first aid supplies as recommended by the American Red Cross.
<input type="checkbox"/>	<input type="checkbox"/>		39. The family has a comprehensive list of emergency telephone numbers posted in a prominent place which includes the number for poison control. If there is a landline, the emergency phone numbers should be posted near the landline.
<input type="checkbox"/>	<input type="checkbox"/>		40. A resource parent will have a working phone or access to a working phone in close walking proximity to an applicant's living space.
<input type="checkbox"/>	<input type="checkbox"/>		41. The family has a written fire safety plan for children too young to exit a window.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. All weapons and firearms in the home are stored unloaded and maintained in a lock space that is inaccessible to a child of any age. This includes air guns, bb guns, hunting slingshots, and other projectile weapons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. The ammunition for firearms or projectile weapons is stored in a separate locked container from the weapons and firearms, with a different key than the weapons/firearms container, and is inaccessible to a child of any age.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. All vehicles transporting placed children have unloaded guns kept in a separate locked container (see exception for law enforcement officers below).
<input type="checkbox"/>	<input type="checkbox"/>		a. Resource parents who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided they adopt and follow a safety plan approved by HHS. Note here the date HHS approved the safety plan for a law enforcement official.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. The ammunition in any vehicle is kept in a separate locked container from the weapon.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. The Firearms Safety Plan (safety section) is completed for foster parents who have firearms, air guns, bb guns, or hunting slingshots but do not have a permit to carry. Resource parents with a permit to carry will complete the entirety of the Firearms Safety Plan and provide a copy of the front and back of their current Permit to Carry.
<input type="checkbox"/>	<input type="checkbox"/>		47. The resource parent understands no child in care can be given access to firearms or ammunition without the express written permission of the parent or guardian of the child and the child must complete a state approved Hunter Education Training.

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | 48. Resource parents prevent a placed child's access as appropriate to the child's age and development to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 49. The resource parents state they will follow universal precautions to reduce exposure to blood borne pathogens and other infectious materials when they provide care to all children in their home. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Resource parents who smoke or vape understand that they cannot smoke in any portion of the home or in any vehicle where a placed child is present. Note here how they comply with this rule: (e.g. "Smoke outside") |
| <hr/> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Household pets and any animals accessible to placed children have a current veterinary health certificate verifying the animal has had routine vaccinations as required by local ordinances. The foster parent has a written plan that addresses strategies to reduce aggression for any animals with a history of aggression with which the child will have contact. Inform them they are required to report any animal aggression at the time of the initial study and within 24 hours of any occurrence. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Animal waste is contained and disposed of on a routine basis. |

C. Water Supply

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the water supply from a public water supply system? (If public, go to Section D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the private well free of obvious deficiencies? (Attach 470-0693.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If more than one well is involved, were all wells tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the nitrate level of the water sample safe for children under age two? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the water sample analyzed as safe to drink? (If yes, go to Section D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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, <i>Provisions for Alternate Water Supply</i> .) 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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do garbage, rubbish and recycling containers meet minimum standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the private sewage system meet minimum standards per 44I IAC 113.6(5)"b"? |

E. Physical Care

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The sleeping arrangements meet the minimum standards as outline in manual and rules, including all the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Children 5 years of age and older will not share a bedroom with a child of the opposite sex, |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Placed children will not share a bed, |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Placed children under the age of 2 may share a bedroom with a resource parent in an individual crib, and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Placed children aged 2 years or older will be provided bedroom space other than in the foster parent's bedroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Resource parents have a plan for isolating healthy children from a child who is ill or suspected of having a contagious disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Food preparation areas are clean, and the home has kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Food is nutritious and there is an adequate amount to meet the needs of all children in the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. All over-the-counter medications are administered by the resource parent according to label directions, and prescription medications administered as directed by a physician and documented in a medication log. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The resource parents keep the child's HHS social worker informed of medical and dental appointments and prescribed treatments. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Resource parents engage child's birth parents in participating in these appointments. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Resource parents understand the policy regarding consent for emergency treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Resource parents use appropriate child safety restraints per Iowa law when transporting placed children of any age. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Resource parents will ensure a privately owned vehicle owned by applicants, family, or friends used to transport a placed child is registered, insured, and driver has a valid Iowa driver's license. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Resource parents will ensure access to transportation, including the use of public transportation, to meet a placed child's needs for transportation to meetings, appointments, social or extracurricular activities, etc. when the foster parent does not have access to a reliable registered and insured privately owned vehicle. |

F. Characteristics Of Resource Parents

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the resource parents at least 21 years of age? (If under age 21, complete form 470-4873 – Request for waiver per-service training or non-safety licensing standards) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do the resource 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 resource parents stable, responsible, mature persons? If married or cohabitating, is the relationship stable? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are the resource parents able to communicate with the child? |

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the resource parent support the case permanency plan for the resource 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"/> | 6. Are the resource parents willing to accept agency supervision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do the resource 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"/> | 8. Do the resource parents accept the involvement of the children's parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do the resource 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"/> | 10. Do the resource 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"/> | 11. Does the physician's physical health report indicate each resource parent or household member has no health problems that would be detrimental to children, and that the resource parents' or household member's health would not prevent needed care from being provided to the child? |
| | | 12. Does the mental health report indicate each resource parent or household member has no mental health problems that would be detrimental to children, and that the resource parents' or household members mental health would not prevent needed care from being provided to the child? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are all children who are household members up to date on immunizations by age as required by local school district. If not, has a medical or religious exception been approved?
Date of exception and reason: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do all household members who are caregivers have up-to-date whooping cough vaccines? If not, has a medical or religious exception been approved?
Date of exception and reason: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Do all household members who are caregivers who receive an exception to the whooping cough vaccine understand that no children under the age of one will be placed in their home? (Infants under one year of age are at greatest risk of developing severe breathing problems and life-threatening illness from whooping cough) |

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 resource 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 resource 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? |

- 5. Are household chores in keeping with the child's age and development?
- 6. Does the child's clothing meet the minimum standards? Iowa Code has a description of minimum standards.
- 7. Do the resource parents who are parenting a child in the custody or guardianship of the Department of Health and Human Services, acknowledge that the child must attend public school? (Private school must be approved by parent/guardian and resource parent is responsible for payment.)
- 8. Does the resource parent encourage the child to participate in extracurricular activities that are appropriate for the child's age, interest, and ability?

H. Information (For initial home studies, do applicants understand and agree?)

YES NO

- 1. Do the resource parents, who are providing foster care, maintain a separate folder of information on each foster child in their care? (Please review folder)
- 2. Do the resource parents give the Department the folder of information on the child in care when the child leaves the home?
- 3. Do the resource parents maintain confidentiality regarding any child who is placed in the guardianship or custody of the Department of Health and Human Services?
- 4. Do the resource parents understand and agree to comply with their roles as mandatory reporters of child abuse?

I. Supervision, Release, and Cooperation

YES NO NA

- 1. Reasonable and Prudent Parenting has been discussed and resource parents have stated how they will provide reasonable and prudent supervision for children in their care.
- 2. Resource parents have made arrangements for responsible care of the child placed in the home.
- 3. Resource parents understand they shall only release the placed child to HHS, the child's parent or guardian, or a person specifically approved.

J. Training and Reference Checks

YES NO NA

- 1. Each resource parent has completed preservice training if it was not waived for a relative or child-specific caregiver.
- 2. Each resource parent has completed "Universal Precautions in Foster Homes" and understands they must adhere to these practices.
- 3. Each resource parent has completed Human Need for Belonging (Alia video) training prior to licensure.
- 4. Each resource parent has completed HHS approved medication management training before licensure.
- 5. Each resource parent has completed HHS approved CPR and First Aid training before licensure and maintained the certification thereafter. Next date due:

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Each resource parent has completed HHS approved 2 hours of training regarding mandatory reporting of child abuse prior to licensure and understands they must complete this training every 3 years thereafter. Next date due:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Each resource parent has completed Reasonable and Prudent Parenting Training prior to licensure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Each resource parent has completed six hours of HHS approved in-service training annually each license year on topics recommended by the foster parent training plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Annual criminal record checks, including Iowa Courts Online, are free of criminal convictions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Child Abuse Registry check is free of founded reports. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Iowa Sex Offender Registry check is free of criminal convictions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Fingerprint search for Criminal History Record for resource parent applicants and other adult household members was completed. (outcome and related documentation not uploaded to database, result documentation not included in home study packet, and is maintained in resource family file) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Out-of-state Child Abuse Registry checks free of founded reports for all adult household members. (every previous state of residence for any adult household member in last 5 years must be checked) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Record check evaluations were completed on previous founded child abuse reports or criminal convictions. |

K. Unannounced Visit

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The initial unannounced visit was completed on _____. (If initial unannounced SKIP to next section) |
| | | | 2. The annual unannounced visit(s) were completed on _____
Year 2 unannounced visit(s) were completed on _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The resource parents cooperated with the unannounced visit. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The quality of the living situation observed during the visit was acceptable for the child's safety, well-being, and health. The home was in compliance with policies and standards as outlined in 441-113. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. HHS workers reported concerns in the foster family home. These concerns have been discussed with the family as appropriate. (Document in home study) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. If deficiencies were found during the licensing period, the resource parents provided a written commitment to correct the deficiencies by signing a corrective action plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. The child in care was interviewed away from the resource parent. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Progress on the resource parent's completion of six hours of annual training is noted in the foster parent training plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. The interaction between the children and resource family household members were appropriate and positive. |

YES NO NA

10. There was a discussion of children placed in the home during the licensing year or if no children were placed the reason why.

11. The resource family was in compliance with their license capacity. If not, was a variance approved?

L. Recommendation

- Issue a full foster home license for _____ children 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.*)
- Completed *Recommendation for a One Year Foster Family License, form 470-5124.*

Comments:

All these items have been fully explained to me. All my questions and concerns have been adequately answered.

Applicant Signature/Date	Applicant Signature/Date
RRTS Licensing Worker Signature	RRTS 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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