

Notice of Action: Foster Family Home

Date

☐ New Application

☐ Renewal

☐ Denial

☐ Revocation

The Department has made the following decision regarding your application to be licensed for foster family home care:

- ☐ A full license has been issued to you for the period from _____, to _____, allowing you to care for up to _____ foster children at a time. Iowa law requires that each licensed foster parent maintain CPR and First Aid Certification in addition to completing six hours of foster parent training annually. HHS rules require that you notify HHS within seven working days of a move to a new home or any change in the number of persons living in the home or any circumstances that could negatively affect the health, safety or welfare of a child in the family's care.
- ☐ A provisional license has been issued to you for the period from _____, to _____, allowing you to care for up to _____ foster children at a time. Specific deficiencies, required corrective actions, and the time frame for completion are explained on form 470-0698, *Recommendation for a Provisional License*.
- ☐ Your license has not been renewed due to _____, effective _____.
- ☐ Your license is being revoked for the following reasons. (*Check the specific rule sections for the basis of the adverse action.*)
- ☐ When the facility is misusing funds furnished by the Department. 441 IAC 112.6(1)"a"
- ☐ The foster family is not taking into due consideration the health, sanitation, hygiene, comfort or well-being of foster children. 441 IAC 112.6(1)"b"
- ☐ When the director or sole proprietor involved in the operation of the facility, or foster parent, or any person residing in the foster home other than a foster child, or any facility staff has been convicted of a crime unless an evaluation of the crime has been made by the Department, which concludes that the crime does not merit prohibition of employment or licensure. 441 IAC 112.6(1)"c"
- ☐ When there is a founded abuse report on a foster family home parent, any person residing in a foster family home other than a foster child, unless evaluation of the founded abuse has been made by the Department, which concludes that the abuse does not merit prohibition of licensure. 441 IAC 112.6(1)"d"
- ☐ When moving to a new home, the foster family fails to notify the Department and the recruitment and retention contractor within seven working days of the move to a new home. 441 IAC 112.6(2)"a"

- ☐ The foster family or facility fails to meet any or all requirements of the placement agreement. 441 IAC 112.6(2)“c”
- ☐ The foster care facility fails to continue to comply with all of the licensing requirements in both law and regulation. 441 IAC 112.6(2)“f”
- ☐ The foster family refuses to cooperate with an unannounced visit. 441 IAC 112.6(2)“g”

See attached letter for details.

- ☐ Your new or renewal application has been denied for the following reasons. (*Check the specific rule sections for the basis of the adverse action.*)
 - ☐ Minimum standards are not met and a provisional license is inappropriate or disapproved. 441 IAC 112.5(1)“a”
 - ☐ Just cause. The conditions in the home would or could be physically, mentally or emotionally harmful or detrimental to a foster child. 441 IAC 112.5(1)“b”
 - ☐ The applicant or foster parent or any person residing in the foster family home other than a foster child has been convicted of a crime, and the Department has made an evaluation, which concludes that the crime merits prohibition of licensure. 441 IAC 112.5(1)“c”
 - ☐ The applicant or foster parent or any person residing in the foster family home other than a foster child has a record of founded or registered child abuse reports, and the Department has made an evaluation, which concludes that the abuse merits prohibition of licensure. 441 IAC 112.5(1)“d”
 - ☐ The application is fraudulent, which means the applicant has knowingly made fraudulent statements or has knowingly concealed information. 441 IAC 112.5(1)“e”
 - ☐ The foster family applicant’s license has been denied or revoked within the 12 months before the date of reapplication. Denial for this reason does not require a licensing study. 441 IAC 112.5(2)“c”
 - ☐ The applicant has a conviction that requires an automatic denial without an evaluation. 441 IAC 113.13(2)“a”

Additional grounds for reapplications:

- ☐ The foster family refuses to engage as a resource to a foster child’s birth parents when engagement can be done in a way that does not put the foster family or the foster child at risk of harm. 441 IAC 112.5(2)“d”
- ☐ The foster family is misusing Department of Health and Human Services’ funds. 441 IAC 112.6(1)“a”
- ☐ The foster home is operating without due regard for the health, sanitation, hygiene, comfort or well-being of foster children. 441 IAC 112.6(1)“b”
- ☐ The foster parents failed to notify the licensing worker of a move. 441 IAC 112.6(2)“a”
- ☐ The foster parents failed to meet any or all requirements of the placement agreement. 441 IAC 112.6(2)“c”
- ☐ The foster family home fails to continue to comply with all licensing requirements. 441 IAC 112.6(2)“f”
- ☐ The foster family refuses to cooperate with an unannounced visit. 441 IAC 112.6(2)“g”

Other applicable Iowa Administrative Code sections:

Iowa Code Sections:

See attached letter for details.

Your right to appeal this decision is explained on the back of this notice. If you have questions, contact your county HHS office.

Division Administrator or designee

You Have the Right to Appeal

What is an appeal? An appeal is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal? You can appeal in person or in writing for. You must appeal in writing for all other programs by doing **one** of the following:

- A. Complete an appeal electronically at: <https://hhs.iowa.gov/programs/appeals> **or**
- B. Write a letter telling us why you think a decision is wrong, **or**
- C. Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the HHS, Appeals Bureau, 4th Floor, 321 E 12th Street, Des Moines, Iowa 50319. If you need help filing an appeal, ask your county HHS office.

How long do I have to appeal? You must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect.

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. Any benefits you get while your appeal is being decided may have to be paid back if the HHS's action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing? You or someone else, such as a friend or relative, can tell why you disagree with the HHS's decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa HHS, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email FDHS@hhs.iowa.gov

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

This institution is an equal opportunity provider.