

FOSTER HOME SUBSTANTIATION REVIEW—FORM A

*This form is to be completed by Program Consultants when there is a CPS substantiation in a foster home.
Program consultants will be advised of substantiations by the Black Mountain office.*

Supervising Agency: _____ Date of substantiation: _____

See Foster Home Substantiation Review Supplemental Information form completed by the supervising agency for information regarding the foster home, children and substantiation.

1. Did the foster parents have an in home day care or baby sit for other children? Yes No
2. Did the child have needs that were not initially identified but became apparent during the child/children's placement?

3. What services were identified to meet these needs?

4. Were the child(ren)'s needs addressed on the Out of Home Family Services Agreement or Person Centered Plan? Yes No

5. Was the plan developed at a CFT or PPAT meeting and did the foster parents participate in the CFT/PPAT? Yes No

6. Were the recommended services being provided? Yes No

7. Were the services provided meeting the identified needs? Yes No

8. If not, can you determine from the record why the services were not being provided or meeting the needs? _____

9. Was there communication between the custodian, supervising agency and foster parents regarding the child/children's needs prior to placement? Yes No

10. Was this communication enough for the foster parents to make an informed decision regarding whether they could meet the child/children's needs? Yes No

11. Were the characteristics of any of the foster children placed in the home different from the characteristics desired by the foster parents? Yes No

12. During the child/children's placement did the foster parent raise concerns regarding meeting the child's needs, request support, additional training, or services from the agency? Yes No

13. How were these concerns/requests addressed? _____

14. Were these concerns shared between the licensing worker and case manager? Yes No N/A

15. Were these concerns shared between the workers and the supervisors? Yes No

16. During the child(ren)'s placement had the agency become aware of foster parenting incidents or needs that were of concern (not including the incident that led to the CPS referral)? Yes No

17. How were these concerns/needs addressed? _____

18. Were these concerns shared between the licensing worker and case manager? Yes No N/A

19. Were these concerns shared between the workers and the supervisors? Yes No

20. Were the foster parent's needs addressed on the Out of Home Family Services Agreement, Person Centered Plan or Supervision Plan? Yes No

21. Did the initial and on going assessment of the foster home reveal any of the following concerning the licensed foster parents or other adults in the home:

a. Have a criminal arrest history as an adult? Yes No

b. Investigated or served by child protective services as an adult? Yes No

c. Have a past substance abuse problem? Yes No

d. Have a past mental health diagnosis? Yes No

e. Have a physical disability? Yes No

f. Was physically disciplined as a child? Yes No

g. Believe in and/or advocate physical discipline? Yes No

h. Was mistreated as a child? Yes No

i. Did NOT have an understanding of child development issues? Yes No

j. Did NOT have supportive local relationships with relatives/friends/neighbors/church (within two-hour drive)? Yes No

22. Did the agency identify issues that might affect caregiver(s) ability to care for children? Yes No

23. If any risk factors were identified in numbers 21 and 22, what support did the agency provide to reduce the risk: _____

24. Were there waivers requested and granted? Yes No

25. If so, for what reason? _____

26. Was there communication between the MAPP-GPS trainer and the licensing worker and was this information included in the original assessment? Yes No N/A (same worker)

27. If the foster parent's transferred from another agency, did the agency complete an assessment of the foster family's strengths, needs and retention of knowledge acquired in prior training? Yes No

28. If concerns were found, how were they addressed? _____

29. Did the foster family receive the required training prior to licensure? Yes No

30. Did they receive the additional 20 hours of required training during the two year licensure period(s)? Yes No N/A (licensed less than 2 years)

31. Did the licensing worker complete the required quarterly visits with all licensed foster parents and with at least two visits per year taking place in the foster home? Yes No

32. Did the case manager complete the minimum monthly visits with the child/children? Yes No

33. Did the case manager provide the foster parents assistance, training, consultation and emotional support in caring for the children and in resolving problems related to their role as foster parents?

Yes No

34. How accessible to the foster parents was the case manager? _____

35. What was the quality of the visits between the case manager and the foster parent (nature of discussions, duration, planned vs unplanned, location of visit, focus on issues pertinent to case planning, service delivery, foster parent concerns)? What was the typical visiting pattern between the case manager and the foster parents? (Note that current licensing rules do not address frequency, but proposed rules will). Did the case manager use the new Monthly Foster Care Contact Record form? _____

TRENDS NOTED:

Determine if there were concerns noted in the following areas by matching with the corresponding numbers:

- A. Were the child's needs identified and met? (number 2-8) Yes No
- B. Were there problems noted in the "fit" between the foster child and the foster home? (number 9-11) Yes No
- C. Did the foster parents receive adequate support and training by the supervising agency? (number 12-20 and 29-35) Yes No
- D. Was there an adequate initial and ongoing assessment by the supervising agency? (number 21-28) Yes No
- E. Did the foster parents have potential risk factors that were identified? (number 1 and 21-25; event, crisis or change preceding incident from Supplemental Form) Yes No

ADDITIONAL COMMENTS:

RECOMMENDATIONS:

Program Consultant

Date

- Attach form completed by supervising agency
- Give one copy to the supervising agency
- Send one copy to Cindy.Norton@ncmail.net or to the attention of Cindy Norton at NC Division of Social Services, Regulatory and Licensing Services, 952 Old US 70 Highway, Black Mountain, NC 28711