



**Arkansas Department of Human Services**  
**Division of Children & Family Services**  
**Reevaluation Checklist for Foster/Pre-Adoptive Home**

*While this form is to be used for both foster and pre-adoptive homes, for the sake of brevity, references are only made to foster home, foster parent, etc. rather than foster or adoptive home, foster or adoptive parent, etc.*

Resource Worker/Adoption Specialist: \_\_\_\_\_ County: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Foster Parents' Names: \_\_\_\_\_

Provider #: \_\_\_\_\_ Date Home Opened: \_\_\_\_\_

**Type of Reevaluation:**  Annual  Death/Serious illness  Marriage  Separation  Divorce  Loss of/ change in employment  Change in residence  Suspected child maltreatment  Addition of household members

**STANDARDS OF APPROVAL**

<i>Does the foster family continue to meet the following standards of approval?</i>	<b>Yes</b>	<b>No</b>
<b>Age:</b>		
1. Has a policy waiver been approved if either foster parent has turned 65? <i>Policy waiver for age requirement must be resubmitted annually.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health:</b>		
2. Have foster parents kept the agency informed concerning any changes in their physical or mental health?	<input type="checkbox"/>	<input type="checkbox"/>
3. If applicable, has a physical disability in a foster parent or household member been evaluated by a physician, along with how it affects his/her personality and whether it may have significance to a specific child in the home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have foster parents cooperated with the Division in medical and dental care planning for the children in their care and do they make medical and dental appointments as needed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have foster parents accompanied children in their care to medical appointments?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship Stability:</b>		
6. Have approved foster parents demonstrated a continued stable relationship?	<input type="checkbox"/>	<input type="checkbox"/>
7. If applicable, was a reevaluation conducted when an approved single foster parent married?	<input type="checkbox"/>	<input type="checkbox"/>
8. If applicable, was a reevaluation conducted when approved foster parents divorced?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the family maintained a stable support system (e.g., extended family, neighbors, friends, church, community)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Composition:</b>		
10. Are there no more than 8 children in the home, including the foster parents' own children? <i>There may be no more than 5 unrelated children in care. Up to 8 children from the same sibling group may be placed in the same home. If a sibling group of more than 5 children is placed together, that foster home shall not have more than 8 children including the foster parents' own children.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there no more than 2 children under age 2 in the home and no more than 3 children under age 6 in the home? <i>This count includes children who normally reside in the home of the foster family and children in foster care.</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. If applicable, have other children and adults (grandparents, aunts, nieces, cousins, etc.) who are part of the household been taken into consideration as to how they are affected by or have an effect on children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>

13. Do foster parents have legal custody or guardianship of any children in the home (other than children in foster care) that are not birth/legal children or relatives?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are foster parents keeping children for more than one child-placing agency?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are foster parents providing day care services on a regular basis in their home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion/Ethnic Heritage:</b>		
16. Do foster parents recognize, encourage, and support the religious beliefs, ethnic heritage, and language of children in their care?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do foster parents arrange transportation to religious services or ethnic events including those that may be different from their own, if the child desires to attend such events?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do foster parents coerce children into participation in religious activities or ethnic events against their will?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education:</b>		
19. Do foster parents take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and case plan?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do foster parents attend school conferences concerning children in their care and plan with school personnel when there are school problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do foster parents report serious situations to the Division (e.g. any situation that may affect the case plan or puts the child in jeopardy of suspension or expulsion)?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do foster parents have a positive attitude toward both academic and vocational education and are they willing to meet the individual needs of the children in their care?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employment/Financial Stability:</b>		
23. If both foster parents are employed, do they have suitable plans for care and supervision of children in their care before and after school, during holidays and vacations, and when children are ill and absent from school?	<input type="checkbox"/>	<input type="checkbox"/>
24. If employment is seasonal, does the family have compensatory income or savings for the off season?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the family's current financial stability verified (current pay stubs, income tax returns)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have any changes to the family's financial status been filed in the foster home record?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Interior:</b>		
27. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there adequate space for privacy, play, and study for all family members?	<input type="checkbox"/>	<input type="checkbox"/>
30. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
31. Does each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
32. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electric cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
34. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
35. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such	<input type="checkbox"/>	<input type="checkbox"/>

a way as not to constitute a health or safety hazard?		
36. Does the home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
37. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similar dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
38. Are liquor and other alcoholic beverages kept out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
39. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
40. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
41. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
42. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>		
44. Do children sleep in a bedroom, not in a living room, dining room, or other room where others must pass through?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
47. Does each bedroom used for a child in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
48. Can bars, grilles, grates, or other items that block access to the window be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
50. Is each child in foster care provided with a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do children of the opposite sex share the same bedroom, if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
52. Do children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children sharing a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
53. Does any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
54. Are children in foster care, except infants under the age of 2, sharing a sleeping room with adults? <i>In the case of a grandparent to a child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
55. Is each child's bedding clean, in good condition, and laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>		
56. Is the home accessible to community resources needed by the children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
57. Are the premises of the house, including the yard, garage or carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
58. Is the yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

59. Is the yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
60. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
61. If applicable, is the manufactured home properly installed and stabilized? a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
62. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
63. Does the home have at least 2 exterior doors situated to provide safe exit, or does the home have a written statement from the Fire Department that an alternative escape route is approved?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>		
64. Does the home have a continuous supply of sanitary drinking water?	<input type="checkbox"/>	<input type="checkbox"/>
65. If water source is not a municipal water system, has the water been tested and approved annually by the Health Department?	<input type="checkbox"/>	<input type="checkbox"/>
66. If a water supply is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the foster family and approved?	<input type="checkbox"/>	<input type="checkbox"/>
67. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
68. Does the family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado? a. Is the escape plan posted within the home?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
69. Do foster parents practice and document emergency evacuation drills with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear the home)?	<input type="checkbox"/>	<input type="checkbox"/>
70. Does the family have adequate toys that are safe and developmentally appropriate for children in foster care placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
71. Is the number of children placed in the foster home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
72. Is there a safety plan in place? a. If yes, please identify which type: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation:</b>		
73. Do foster parents have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
74. Do all vehicles owned by the foster parents have liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
75. Is any vehicle used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
76. Do foster parents, and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
77. Are children transported according to Arkansas law, including but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Medications:</b>		
78. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
79. Are foster parents aware of possible side effects of all medications and administer medications only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
80. Are all medications logged by the foster parent at the time they are administered and do the logs include child's name; time and date; medication and dosage; and initials of the person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>
81. Are age-appropriate children provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**DOCUMENTATION:**

<i>Is the following, or its equivalent, filed in the foster home record?</i>	<b>Yes</b>	<b>No</b>
1. SAFE update report?	<input type="checkbox"/>	<input type="checkbox"/>
2. Updated CFS-409: Foster/Adoptive Family Preference Checklist, if foster parents chose to make changes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Updated CFS-419: Foster Family Support System Information, if foster parents chose to make changes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Updated FFSS background checks for each FFSS household member, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
5. CFS-451: Foster Parent Reevaluation?	<input type="checkbox"/>	<input type="checkbox"/>
6. CFS-455: Request/Consent for Health Department Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
7. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
8. CFS-484: Landlord Notification of Potential Tenant Foster Care Services, if applicable?		
9. Any alternative compliance or policy waiver approvals, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
10. CFS-462A: Foster Home Agreement Addendum on each child currently placed in the foster home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Background Checks:</b>		
11. Current results of the CFS-342: State Police Criminal Record Check for each household member age 18 and one-half years and older (which must be repeated every 2 years)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Current results of the CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 14 and older (which must be repeated every 2 years)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Current CFS-341: Certification of Absence of Criminal Record (which must be completed when any child turns 14), if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
14. Current results of the APS-0001: Authorization for Adult Maltreatment Central Registry check for each household member age 18 and one-half years and older (which must be repeated every two years)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Current results of an FBI Criminal Background Check for each household member age 18 and one-half years and older? <i>Only original results are required as FBI check need not be repeated.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Training:</b>		
16. Documentation of a minimum of 15 hours of continuing education (Division or non-Division) that each foster parent has received in the last year, including the names of the courses and the dates of attendance?	<input type="checkbox"/>	<input type="checkbox"/>
17. Documentation that the foster parents maintain current certification in both CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
18. Documentation of an individualized training plan developed for the foster parents taking into consideration the age and characteristics of children for whom the foster parents have expressed preferences?	<input type="checkbox"/>	<input type="checkbox"/>
19. Documentation of the provision or identification of training opportunities for the foster parents to increase their skills and abilities as foster parents?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health:</b>		
20. Updated CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
21. Current record of health immunizations for each child in the home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety:</b>		
22. Documentation of current auto insurance?	<input type="checkbox"/>	<input type="checkbox"/>
23. Documentation of current homeowner's or renter's insurance & general liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
24. If foster parents do not own the home, written approval from the owner that he/she has no objections to the foster parents caring for children in foster care in the home?	<input type="checkbox"/>	<input type="checkbox"/>
25. Documentation of current rabies vaccinations for all household pets, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
26. Current floor plan of the home with room dimensions?	<input type="checkbox"/>	<input type="checkbox"/>
27. Agency-approved safety plan for any noted hazards, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
28. Agency-approved safety plan for tornado safety?	<input type="checkbox"/>	<input type="checkbox"/>
29. Fire Department-approved alternate fire escape route, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations:</b>		
30. Does the closing summary include recommendations regarding age, sex, number, sibling group, special characteristics of children who should be placed in the home, and problems which can and cannot be handled?	<input type="checkbox"/>	<input type="checkbox"/>
31. Letter of continued approval or letter of notification of closure (in the case of closure, the reasons for closure stated and the foster family's right to appeal the decision)?	<input type="checkbox"/>	<input type="checkbox"/>

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resource Worker/Adoption Specialist Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_