



**Arkansas Department of Human Services
Division of Children & Family Services
Complaint Against Foster Family Other Than Child Maltreatment**

Resource Worker: _____ County: _____ Date of Review: _____

Foster Parents' Names: _____ Provider #: _____ Date Home Opened: _____

- Yes No Does the record document foster family was advised, in writing, of:
 - Yes No the complaint(s) made against them, CFS-325 (Notification of Complaint Other than Child Maltreatment)?
 - Yes No the outcome of the investigation, CFS-326 (Outcome of Complaint Investigation)?
 - Yes No any corrective action(s) needed to be made, and/or action(s) that will be taken?
- Yes No If applicable, is there filed in the record a written agreement between the County Office/Family Service Worker and the foster family establishing a corrective action plan to correct the problem(s) with the time frame(s) established by which the problem(s) will be resolved?
- Yes No Is there recorded in the record what assistance the County Office/Family Service Worker/Division offered and/or made available to the foster family to correct the problem(s)?
- Yes No In instances where corrective action is not possible/not successful, does record document there was a face-to-face discussion with the foster family to discuss closing the foster home?
- Yes No Is there an investigation report filed in the record regarding the complaint? Did the report include the following information?
 - Yes No Date and nature of complaint?
 - Yes No Source of Complaint?
 - Yes No Reaction of foster family to complaint?
 - Yes No Updated home assessment/summary?
 - Yes No Services offered to family as a result of the complaint?
 - Yes No Conclusion of investigation?
 - Yes No Any corrective action(s) needed to be made?
 - Yes No Action(s) taken as the result of compliance/non-compliance of corrective action(s) needed?

Comments: _____

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

Resource Worker/Adoption Specialist Signature: _____

Supervisor/Designee Name: _____ Date: _____

Supervisor/Designee Signature: _____