



**Arkansas Department of Human Services
Division of Children & Family Services
Checklist for Foster Home Closure**

Resource Worker: _____ County: _____

Foster Parents' Names: _____ Provider #: _____

Date Home Opened: _____ Date Home Closed: _____

- Yes No N/A Does the record contain a narrative summarizing all reasons for closure relating both past as well as recent documentation to support decision of closure if closure is by Division decision?
- Yes No N/A Does the record document there was a face-to-face discussion with the foster parent(s) regarding all reasons for closure?
- Yes No N/A Does the record contain narrative indicating all efforts by the county to eliminate the problem(s) resulting in decision to close (if applicable)?
- Yes No N/A Does the record indicate closure is by request of foster family (if applicable)?
- Yes No N/A Does the record contain a letter of notification of closure (reasons for closure being stated and the foster family's right to request an internal review of adverse action as outlined in the Foster Parent Handbook)?
- Yes No N/A Does the record contain a copy of the Provider/Resource information contained in CHRIS indicating case closure?

Comments:

Resource Worker's Signature: _____

Name of Supervisor/Designee: _____

Supervisor/Designee Signature: _____

Date: _____