



Foster Home Monitoring Visit

| | | |
|-------------|-------------------|----------------------------|
| FOSTER HOME | | LICENSOR |
| DATE | LICENSED CAPACITY | NUMBER OF CHILDREN IN CARE |

Home Review

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| WAC 110-148-1565 Medications locked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1500 Firearms locked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1450 Age appropriate child-proofing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DCYF 22-1577 Safe Sleep Assessment, as applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1485 Alcohol and/or marijuana are inaccessible to youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1320 (6) Influenza and pertussis, as applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1440 Safety hazards (specify below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1375 Current First Aid and CPR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1440 Home clean and sanitary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1460 and 1465 Fire safety precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAC 110-148-1470 and 1475 Sleeping arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compliance Agreement needed: Yes No

Are there any hazards? Yes No If yes, please explain below. Supervision Plan: Yes No

Household Members 16 Years and Older

| NAME | DATE OF BIRTH | BACKGROUND CHECK COMPLETED | |
|------|---------------|----------------------------|--------------------------|
| | | YES | NO |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | <input type="checkbox"/> | <input type="checkbox"/> |

Foster Parent Interview

NAME

1. How many foster children do you have and what are their ages?

2. How are things going with your foster child(ren)?

3. Is there a Youth Supervision and Safety Plan, DCYF 15-352, for any of the children in your home? Yes No
If yes, which child?

4. How do you support foster children's connections or relationships?

5. How do you meet your family's needs for self-care and respite? Are you aware of support groups for foster parents? How are you meeting your in-service training requirements?

6. Are you interested in any changes to your capacity?

7. Do you have any other questions or is there anything else I could help you with?

Notes

Non-Verbal Child Observation

| CHILD'S NAME | DATE OF BIRTH | DATE OF OBSERVATION / INTERVIEW | ASSIGNED WORKER |
|--------------|---------------|---------------------------------|-----------------|
|--------------|---------------|---------------------------------|-----------------|

1. Foster parent's description of child's special needs (if applicable)

2. Child's appearance:

Age:

Child's activities during observation:

3. Describe the foster parent / child interaction:

Notes

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| Child Interview | |
|---|-------------------|
| CHILD'S NAME | CHILD'S AGE |
| LICENSOR | DATE OF INTERVIEW |
| Interviews must discuss safety, discipline, food, and household rules. | |
| Suggested Questions for Child Interviews | |
| <ol style="list-style-type: none"> 1. Who lives in the home? 2. What happens when you get in trouble? 3. Tell me about the food here? 4. Are there any rules related to food or snack here? 5. Tell me what you like about living here and what you don't like about living here. 6. How do you get along with the other children in the home? 7. What are some of the rules of the home? 8. What chores do you have? 9. Who can you go to when you need help? 10. Do you feel safe in this home? 11. If another child would come to live here what would you tell them about the home? 12. What are some activities or things you do here? 13. There are times when every home gets a little crazy; what happens when things get out of control here? 14. How would you get out of the house in case of emergency? | |
| Notes | |
| | |