



ANNUAL REVIEW CHECKLIST FOR FOSTER FAMILY HOMES

State Form 53154 (R4 / 9-19)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The annual review of a licensed foster home is to be completed within twelve (12) months of the initial licensure date and annually thereafter. This form is for use by the licensing worker or by the licensee to track document submission. Place the completed form in the file.

| | |
|---------------------------------------------|---------------------|
| Name of applicant A | Name of applicant B |
| Licensing agency (DCS local office or LCPA) | Resource number |

| SUPERVISOR INITIALS | ANNUAL REVIEW CHECKLIST | FOSTER PARENT A Enter Date Completed (month, day, year) | FOSTER PARENT B Enter Date Completed (month, day, year) | HOUSEHOLD (HH) MEMBERS Date Completed (month, day, year) |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|
| SECTION A. Licensee complete and return immediately | | | | |
| | 1. Indiana Request for a Child Protective Services (CPS) History Check (SF 52802); one (1) signed form for each household member, six (6) years of age and older | | | |
| | 2. Application for Criminal History Background Check (SF 53259); one (1) signed form for each household member 18+ years old. | | | |
| SECTION B. Licensee complete prior to home visit. | | | | |
| | 1. Child Behavioral / Health Challenges (SF 53199) | | | |
| | 2. Water Agreement (SF 54612) | | | |
| | 3. Resource Parent Role Acknowledgment (SF 54642) | | | |
| | 4. Financial Verification for Foster Family Homes (SF 55734) | | | |
| SECTION C. Licensing worker to complete at or after home visit. | | | | |
| | 1. On-site Home Visit | | | |
| | 2. Resource Family Home Physical Environment Checklist (SF 53186) | | | |
| | 3. Foster Family Home Study Update (State approved) | | | |
| | 4. Licensing Staff Inquiry (SF 53214) | | | |
| | 5. Child Care Plan (SF 54608) | | | |
| | 6. In-service training completion verification | | | |
| | 7. CPR course certification | | | |
| | 8. First Aid course certification | | | |
| | 9. Universal Precautions course certification | | | |
| | 10. Results of local criminal court records check for those 18+ years of age | | | |
| | 11. Results of National Sex Offender Registry check for those 14+ years of age | | | |
| | 12. Results of CPS History Check for all household members, six (6) years of age and older | | | |
| | 13. Results of Indiana Limited Criminal History check for all household members 18+ years of age | | | |

| | | |
|--------------------------------------------------------------------|-----------------------------------------------|-------------------------|
| Date all requirements for annual review are met (month, day, year) | | |
| Comments: | | |
| Signature of licensing staff | Printed or typed name of licensing staff | Date (month, day, year) |
| Signature of director or designee | Printed or typed name of director or designee | Date (month, day, year) |