



Iowa Department of Human Services

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November 16, 2012

GENERAL LETTER NO. 12-B-AP-43

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 12, Chapter B, Appendix, **FOSTER FAMILY HOME LICENSING APPENDIX**, Contents (page 2), revised; pages 2, 17, 23, 25, 35, and 40, revised; pages 40a and 40b, new; and the following forms:

470-0727	<i>Certificate of License</i> , revised
470-0695	<i>Foster Family Survey Report</i> , revised
470-0709	<i>Notice of Action: Foster Family Home</i> , revised
470-0709(S)	<i>Notice of Action: Foster Family Home (Spanish)</i> , revised
470-5124	<i>Request for a One Year Foster Family License</i> , new

Summary

Chapter 12-B-Appendix is revised to:

- ◆ Delete the word "annual" on form 470-0727, *Certificate of License*, to allow for entry of a one- or two-year time period of licensure.
- ◆ Revise form 470-0695, *Foster Family Home Survey Report*. This form provides new information for foster family licensing regulations as amended in 441 Iowa Administrative Code Chapter 113.
- ◆ Revise the instructions for form 470-2080, *Foster Parent Training History*. Give the form to each foster parent at the start of their training cycle.
- ◆ Revise form 470-0709, *Notice of Action: Foster Family Home*, and its Spanish translation 470-0709(S), to:
 - Delete withdrawal of the application or license as it is not an appealable reason.
 - Delete revocation or suspension of a license as the notice is the letter sent to the foster family home.
- ◆ Revise the instructions for form 470-0704, *Recommendation for Denial of a Foster Family License*, to specify sending the form to the Foster Family Program Manager.
- ◆ Add form 470-5124, *Request for a One Year Foster Family License*. Use this form to request that a foster family remain on a one-year license when they would be eligible for a two-year foster family license.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 12, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 6, 2010
2	August 6, 2010
470-0727	9/09
470-0695	9/09
17, 23	August 6, 2010
470-0709	7/10
470-0709(S)	7/10
25, 35, 40	August 6, 2010

Additional Information

Destroy existing supplies of form 470-0695, *Foster Family Survey Report*. Order supplies of 470-0695, dated 10/12, from Anamosa in the usual manner.

Destroy existing supplies of form 470-0709, *Notice of Action: Foster Family Home*. The form will no longer be printed.

Refer questions about this general letter to your area social work administrator.

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PS-MAPP Parent Preparation Certificate of Completion, Form 470-2066	33
Receipt of HIV-Related Information, Form 470-3227	34
Recommendation for Denial of a Foster Family License, Form 470-0704	35
Recommendation for Provisional License, Form 470-0698	36
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Certificate of License, Form 470-0727

Purpose	The <i>Certificate of License</i> , form 470-0727, authorizes a foster family home to operate for the time period of one or two years per policy.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	Service area staff prepares the <i>Certificate of License</i> when: <ul style="list-style-type: none">◆ The service area manager or designee approves a new application or reapplication for a foster family home license, or◆ The conditions on an existing license change. Enter the period of the licensure on the blank space after “for the time period.”
Distribution	Send the original to the foster family home. Make a photocopy and file it in the Department licensing file.
Data	Complete: <ul style="list-style-type: none">◆ The type of license (full or provisional).◆ The names of the licensees.◆ The maximum capacity of the foster family home (1-5).◆ The address of the home.◆ The period of the license.



CERTIFICATE OF LICENSE

A _____ resource family home license is hereby granted to _____
to care for a maximum number of _____ children at any one time in the premises located at
_____ for the time period _____,
as provided by Chapter 237 of the Code of Iowa.

The facility does comply with the standards established by the Department of Human Services.

Special Conditions:

DEPARTMENT OF HUMAN SERVICES

*Issued by the authority of the Department of Human Services
this _____ day of _____.*

Department of Human Services Licensing Worker

Telephone Number

Licensing Authority



Foster Family Survey Report

Applicant Name(s)		Application Type: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Renewal
Street Address		
City, Zip Code	County	Licensing Capacity Requested: _____ Children
Directions to Home		

A. GENERAL INFORMATION

- Construction of home:
 Built before 1960 Wood Concrete Brick Stucco Other
- Number of: _____ Rooms (living space) _____ Bedrooms _____ Bathrooms
- Number of persons currently in home:
_____ Adults _____ Children _____ Foster children _____ Child care children
Persons in the home who smoke: _____
- Date of *Health Report for Foster and Adoptive Parents (470-0720)*:
Initial report: _____ Updated report: _____

For any requirements checked No, address these in the narrative.

B. PHYSICAL AND SAFETY STANDARDS (Attach floor plan for new licenses, remodeling, or new home. Indicate where children are sleeping.)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the foster home safe, clean, well ventilated, properly lighted, properly heated, and free of vermin and rodents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the outdoor space clean, orderly, free of hazards, and adequate to meet the needs of children of all ages and stages of development? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are adequate precautions and supervision available to protect a child from hazards such as traffic, pools, hot tubs, tobacco smoke, railroads, waste materials, and contaminated water? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do all rooms meet minimum requirements for health and safety? (Note in the narrative if the foster parent has completed the annual <i>Lead Paint Assessment</i> , form 470-4819, if the home was built before 1960.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do the bedrooms for children meet the minimum health and safety requirements, including a standard bed or crib; permanent walls; a door that closes; an unobstructed, working window that opens in; a closet, etc. for child's clothing; provisions for a child to safely reach the outside from a window exit; basement bedrooms have a covered floor and a finished ceiling and a ladder or steps to reach and exit through the window? |

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does every floor of the house where people sleep have a working UL-approved smoke detector (test the detector) and carbon monoxide detector? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are provisions available to meet the special physical needs of children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the toilet and other plumbing facilities operational to meet minimum requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the heating plant operational and have a capacity to maintain a temperature of approximately 65 degrees at a point 24 inches from the floor during severe weather and in bedrooms with the door closed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are minimum ventilation requirements met and do all windows have screens? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are combustible materials kept away from furnaces, stoves, water and space heaters, matches and lighters, and stored securely and inaccessible to a child? (Kerosene heaters and gas-fired space heaters are not allowed.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is there an unexpired and operable 2A-10BC-rated or ABC-rated fire extinguisher in the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Does the family have written emergency safety plans with a designated meeting place, to be used in case of fire, tornado, flood, blizzard, other natural or manmade disasters, accidents, and medical issues? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are fire and tornado safety plans documented and reviewed with children at the time of placement and practiced during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the family have a fire safety plan for children too young to exit a window or a window that is smaller than 20" H x 24" W or 24" H x 20" W? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are all weapons, firearms, and ammunition stored unloaded, maintained in separate locked places and are inaccessible to a child of any age? (Note in the narrative where the key is stored.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Do all vehicles transporting the children have unloaded guns with any ammunition in the vehicle kept in a separate locked container? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Was a <i>Firearms Safety Plan</i> , form 470-4657, for carrying firearms signed by the foster parent or other household member who has a permit to carry a firearm? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Does the foster parent comply with the Iowa criminal code stating no child age 14 or older can be given access to firearms or ammunition without the express permission of the parent or guardian of the child including completing a state-approved Hunter Education Training? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Are all dangerous and hazardous material, objects, motorized vehicles (i.e., lawn mowers, snowmobiles, etc.), and power equipment stored securely and inaccessible to a child as appropriate for their age and developmental stage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Does the home have at least two unrestricted exterior exits? Do rooms below ground, including bedrooms, have access to at least one direct exit to the outside on that level and one inside stairway exit on that level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Are all prescription medications and poisonous substances kept in a locked storage container inaccessible to a child as appropriate for their age and developmental stage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Do household members who smoke not smoke in the foster home and vehicle when children are present? (Note in the narrative how they do this.) |

YES NO

24. Do household pets, and any outdoor animals or pets accessible to foster children have a current veterinary health certificate verifying the animal has had routine vaccinations as required by local ordinances?

C. WATER SUPPLY

YES NO

1. Is the water supply from a public water supply system? (If public, go to Section D.)
2. Is the private well free of obvious deficiencies? (Attach 470-0693.)
3. If more than one well is involved, were all wells tested?
4. Is the nitrate level of the water sample safe for children under age two?
5. Was the water sample analyzed as safe to drink? (If yes, go to Section D.)
6. If the water tests indicate the water is unsafe, the family has signed an annual waiver (after the initial testing) to use only safe water? (Attach 470-0699, *Provisions for Alternate Water Supply*.) Annual testing of the water may be waived after three consecutive years when the family has made ongoing alternative arrangements for the use of safe, potable water.)

D. WASTE DISPOSAL

YES NO

1. Do garbage and rubbish containers meet minimum standards?
2. Is the home connected to a public or private sewage system? (If the home is on a public system, skip item 3 and go to Section E.)
3. Does the private sewage system meet minimum standards per 441 IAC 113.6(5)“b”?

E. PHYSICAL CARE

YES NO

1. Do the sleeping arrangements meet the minimum standards as outlined in manual and rules: children over six years of age do not share a bedroom with the opposite sex, foster children shall not share a bed with any child, children under the age of one year are placed on their backs when sleeping, foster parents have a designated bedroom, medically needy foster children under the age of two may share a bedroom with a foster parent, and children aged two and older shall be provided a bedroom other than the foster parents?
2. Does the structure of the foster home allow for the isolation of an ill child?
3. Is the child provided adequate, accessible space for clothing and personal possessions (closet, wardrobe, armoire or dresser)?
4. Are the food and beverages nutritious and adequate to meet the children’s needs?
5. Is milk provided to meet the children’s needs?
6. Is the food preparation area clean, with facilities to store food, including cold storage for perishable food?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the foster parent administer prescription medication as directed by a qualified medical professional and document this in a medication log? Are over-the-counter medications administered by the foster parent according to label directions or as directed by a physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do the foster parents use appropriate child safety restraints per Iowa law when transporting foster children of any age in their motor vehicles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do the foster parents who transport children in motor vehicles have a valid Iowa driver's license and are they adequately insured? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do bedrooms used by foster children meet building code requirements, have permanent walls, a door that closes, a working window that opens from the inside, and a minimum area of 40 square feet? |

F. CHARACTERISTICS OF FOSTER PARENTS

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the foster parents at least 21 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do the foster parents have sufficient source of income to meet the needs of the family without relying on the Department's maintenance payment for the care of a foster child? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are the foster parents stable, responsible, mature persons? If married or cohabitating, is the relationship stable? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the foster parents' conduct such that it would not be a detrimental influence on children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the foster parents accepting of the children, able to deal with acting out behavior and show realistic expectations and good judgment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the foster parent support the case permanency plan for the foster child, willing to cooperate with visits, transportation, or other activities that support the child's connection to and reunification with the child's family? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do all members of the foster family agree on taking children into their home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the foster parents willing to accept agency supervision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do the foster parents actively ensure that the foster child stays connected to the child's kin, culture, and community as required in the child's case permanency plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do the foster parents accept the involvement of the children's parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do the foster parents who are providing foster care, understand and adhere to the requirements for training and discipline of children in their care, including the prohibition of corporal punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do the foster parents understand that they have no legal authority for the children while they are in the custody and/or guardianship of the state? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Does the physician's report indicate each foster parent has no health problems that would be a hazard to children, and that the foster parents' health would not prevent needed care from being provided to the child? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Does the Mental Health Statement (if applicable) indicate that the foster parent's mental health diagnosis will not interfere with their parenting? |

Instructions for Sections H, I, and J: When information is not available because the family has not been licensed with children in placement, NA may be marked, however, observe family situation and functioning with the parents' children.

G. PLANNED ACTIVITIES AND PERSONAL EFFECTS

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the daily routine promote good health and provide an opportunity for normal activity with time for rest and play? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are children given the opportunity to develop healthy social relationships? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the foster parent provide a child in care with the opportunity for spiritual development and cultural practices in accordance with the wishes of the child and the child's parent or tribe? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Do the foster parents cooperate to implement the education and training plan for the child as specified in the <i>Family Case Plan</i> (case permanency plan) and any educational programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are household chores in keeping with the child's age and development? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the child's clothing meet the minimum standards? Iowa Code has a description of minimum standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do the foster parents who are parenting a child in the custody or guardianship of the Department of Human Services, acknowledge that the child must attend public school? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the foster parent encourage the child to participate in extracurricular activities that are appropriate for the child's age, interest, and ability? |

H. INFORMATION

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do the foster parents, who are providing foster care, maintain a separate folder of information on each foster child in their care? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do the foster parents give the Department the folder of information on the child in care when the child leaves the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do the foster parents maintain confidentiality regarding any child who is placed in the guardianship or custody of the Department of Human Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do the foster parents understand and agree to comply with their roles as mandatory reporters of child abuse? |

I. SUPERVISION, RELEASE, AND COOPERATION

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have the foster parents provided adequate supervision for children in their care? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have the foster parents made arrangements for responsible care of the child who is placed in the custody or guardianship of the Department of Human Services during periods of absence? |

YES NO NA

3. Have the foster parents released the child in foster care only to the appropriate persons?
4. Did the foster parents cooperate with and meet their responsibilities outlined in the case plan?

J. TRAINING AND REFERENCE CHECKS

YES NO NA

1. Has each foster parent completed the 30 hours of preservice training?
2. Has each foster parent completed "Universal Precautions in Foster Homes" and understand they must adhere to these practices?
3. Has each foster parent completed the medication management self study training within the initial year of licensing?
4. Has each foster parent completed CPR and first aid training in the initial year of license and every three years thereafter? Next date due: _____
5. Has each foster parent completed two hours of training regarding the mandatory reporting of child abuse within six months after initial license and every five years thereafter (renewals only)? Next date due: _____
6. Has each foster parent completed six hours of in-service training during their training cycle (renewals only) and completed the foster parent training plan?
7. Did the solicited references recommend licensing? (Indicate the number saying "yes" and the number saying "no.")
8. Did the unsolicited references recommend licensing? (Indicate the number saying "yes" and the number saying "no.")
9. Are the annual Public Safety records free of criminal convictions? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)
10. Is the Child Abuse Registry annual check free of founded reports?
11. Is the annual Sex Offender Registry check free of criminal convictions? (If no, attach 470-2310, *Record Check Evaluation*, and 470-2386, *Record Check Decision*.)
12. Does the finger print search of records show a criminal history record exists for any foster family applicant? (If yes, ensure documentation is in the file.)
13. Are the out-of-state Child Abuse Registry checks free of founded reports for all adult household members? (Each previous state of residence where the adults in the home have lived in the last five years must be checked.)

K. UNANNOUNCED VISIT

YES NO NA

1. Did the recruitment and retention contractor complete the unannounced visit for the year? Date completed and persons present:

2. Did the foster parents cooperate with the unannounced visit?

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| YES | NO | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Was the quality of the living situation observed during the visit acceptable for the child's safety, well-being, and health, and was the home in compliance with policies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Were there any concerns from Department workers? If deficiencies were noted, did the foster parents provide a written commitment to correct the deficiencies by signing a corrective action plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. If deficiencies were noted and the foster parents agreed to correct them, did a follow-up visit occur that documents the deficiencies were corrected or progress was made toward completing the corrective action plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. If deficiencies noted posed a danger to the child or children, was the DHS licensing worker called immediately? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Did the foster parents report any concerns or have questions? Did the foster child report any concerns or have questions? (Interview the child away from the foster family.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Was their progress on the foster parents completing training noted in the foster parent training plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Was the interaction between the children and foster family and household members constructive? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Was there a discussion of placements during the licensing year and, if none, the reason why? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Was the foster home in compliance with license capacity? |

L. RECOMMENDATION

- Issue a full foster home license for _____ children from _____ until _____.
- Issue a provisional foster home license for _____ children effective from _____ until _____. (Attach *Recommendation for Provisional License*, 470-0698.)
- Deny the application for a foster home license. (Attach *Recommendation for Denial of a Foster Family License*, 470-0704.)
- Completed *Recommendation for a One Year Foster Family License*, form 470-5124.)

Comments:

Recruitment & Retention Contractor Licensing Worker Signature	Contractor Licensing Supervisor Signature
Date	Date

M. DECISION

- Recommendation accepted as stated.
- Decision differs from recommendation as follows:

Service Area Manager or Designee Signature	Date
--	------

Foster Parent Training History, Form 470-2080

Purpose	Form 470-2080 provides each individual foster parent a log of training completed during the licensing cycle.
Source	Print this form from the sample in the manual. (Access the form sample on line by clicking on the form name above.) The recruitment and retention contractor gives the form to each individual foster parent at the time of the start of their training cycle.
Completion	A foster parent enters information on the training history each time training is completed to document compliance with in-service training requirements.
Distribution	At each renewal, the foster parent: <ul style="list-style-type: none">◆ Gives the completed form to the home study worker.◆ Maintains a copy with the license. The recruitment and retention contractor: <ul style="list-style-type: none">◆ Sends the original to the Department for the licensing file.◆ Keeps a copy for its file.
Data	The foster parent entries include: <ul style="list-style-type: none">◆ The title and content of the training.◆ The number of hours.◆ The instructor.◆ The date the training was received.◆ The expenses claimed for the training.

Lead Paint Assessment, Form 470-4819

Purpose	Form 470-4819, <i>Lead Paint Assessment</i> , serves to document that the foster family completed a visual assessment for lead hazards when their residence was built before 1960.
Source	The foster parent can print this form from the manual or the recruitment and retention contractor worker can provide a copy of the form to the foster parent to complete.
Completion	A foster parent whose residence was completed before 1960 shall completes the form: <ul style="list-style-type: none">◆ During the initial home study.◆ When the family has moved to a new home.◆ Annually.
Distribution	The foster parent gives the completed form to the recruitment and retention contractor home study worker. The contractor includes the form in the home study packet provided to the Department.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Notice of Action: Foster Family Home

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Date _____

New Application

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Renewal

The Department has made the following decision regarding your application to be licensed for foster family home care:

- A full license has been issued to you for the period from _____, to _____, allowing you to care for up to _____ foster children at a time. Iowa law requires that each licensed foster parent complete six hours of foster parent training before annual renewal of licensure. DHS rules require that you notify DHS within seven working days of a move to a new home or any change in the number of persons living in the home.
- A provisional license has been issued to you for the period from _____, to _____, allowing you to care for up to _____ foster children at a time. Specific deficiencies, required corrective actions, and the time frame for completion are explained on form 470-0698, *Recommendation for a Provisional License*.
- Your application or license has been denied for the following reasons. (*List specific Code or rule sections, and the specific factual basis for the adverse action.*)
- Your license has not been renewed due to _____ effective _____.

Your right to appeal this decision is explained on the back of this notice. If you have questions, contact your county DHS office.

Service Area Manager

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail stopit@dhs.state.ia.us



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Notice of Action: Foster Family Home (Notificación de Resolución: Hogar Sustituto)

		Fecha _____
		<input type="checkbox"/> Renovación
		<input type="checkbox"/> Renovación

El Departamento ha tomado la siguiente decisión con respecto a su solicitud de licencia para atención médica en el hogar de la familia sustituta:

- Se le ha otorgado licencia total por el período desde _____ hasta _____, la cual lo/la autoriza a acoger un máximo de _____ niños en cuidado temporal simultáneamente. Las leyes de Iowa exigen que cada padre sustituto autorizado concorra a seis horas de capacitación específica antes de la renovación de la licencia anual. Las normas de DHS exigen que usted notifique a DHS en un plazo de 30 días si alguno de los niños se mudara a un nuevo hogar o si se produjeran modificaciones en el número de personas que residen en el hogar. Las reglas del DHS le exigen que notifique al DHS sobre una mudanza a un nuevo hogar o sobre cualquier cambio en la cantidad de personas que viven en su hogar dentro de los siete días hábiles posteriores a estos acontecimientos.
- Se le ha otorgado licencia provisoria por el período desde _____ hasta _____, la cual lo/la autoriza a acoger un máximo de _____ niños en cuidado temporal simultáneamente. Las deficiencias concretas, las acciones correctivas necesarias y los plazos de tiempo para su cumplimentación se explican en el formulario 470-0698, *Recommendation for a Provisional License (Recomendaciones para la Licencia Provisoria)*.
- Su solicitud o licencia ha sido denegada por los siguientes motivos. (*Indique los Códigos correspondientes o las secciones de las normativas pertinentes, y las razones específicas por las cuales la resolución fue desfavorable.*)
- Su licencia no ha sido renovada debido a _____ con vigencia a partir de _____.

En el reverso de la presente notificación se explica su derecho a apelar. Si desea hacer preguntas, comuníquese con la oficina DHS de su condado.

Gerente de Área de Servicio

Usted Tiene Derecho a Apelar

¿Qué es una apelación?

Una **apelación** es solicitar una audiencia porque no le guste una decisión que haya tomado el Department of Human Services (Departamento de Servicios Humanos) (DHS). Tiene derecho a apelar si no está de acuerdo con una decisión. No tiene que pagar para presentar una apelación. [441 Código Administrativo de Iowa, Capítulo 7].

¿Cómo debo apelar?

Presentar una apelación es sencillo. Debe apelar por escrito para todos los programas, excepto para Food Assistance (Asistencia Alimenticia). Puede apelar personalmente o por teléfono en el caso de Food Assistance. Para apelar por escrito, haga **una** de las siguientes cosas:

- Complete una apelación electrónicamente en <https://dhssecure.dhs.state.ia.us/forms/>, o
- Escriba una carta en la que nos diga por qué cree que la decisión está errada, o
- Llene un formulario de Apelación y Solicitud de Audiencia. Puede obtener este formulario en la oficina del DHS de su condado.

Envíe o lleve su apelación al Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Si necesita ayuda para llenar una apelación, solicítela en la oficina del DHS de su condado.

¿Cuánto tiempo tengo para apelar?

Para Food Assistance, tiene 90 días calendario para presentar una apelación, a partir de la fecha de la decisión. Para todos los otros programas, debe presentar una apelación:

- Dentro de los 30 días calendario después de la fecha de una decisión o
- Antes de la fecha en que una decisión se haga efectiva.

Si presenta una apelación entre los 30 y los 90 días después de la fecha de una decisión, deberá decirnos por qué su apelación se hace tan tarde. Si tiene una buena razón para presentar su apelación con retraso, nosotros decidiremos si tiene derecho una audiencia.

Si presenta una apelación 90 días después de la fecha de una decisión, no le podremos conceder una audiencia.

¿Puedo continuar recibiendo los beneficios mientras mi apelación esté pendiente?

Usted puede conservar sus beneficios hasta que una apelación llegue a su fin o hasta el final de su período de certificación si presenta una apelación:

- Dentro de los 10 días calendario después de la fecha de una decisión o
- Antes de la fecha en que una decisión se haga efectiva.

Cualquier beneficio que obtenga mientras se decida una apelación es posible que lo deba regresar si la acción del Departamento es correcta.

¿Cómo sabré si se me concedió la audiencia?

Recibirá un aviso de audiencia que le informará la fecha y hora en que se ha programado una audiencia telefónica. Recibirá una carta en la que se le informa si no se le concedió la audiencia. Esta carta le dirá por qué no obtuvo la audiencia. También le explicará lo que puede hacer si no está de acuerdo con la decisión de no concederle la audiencia.

¿Puedo tener ayuda para la audiencia?

Usted o alguien más, como un amigo o un pariente, puede decir por qué no está de acuerdo con la decisión del Departamento. También podrá tener ayuda de un abogado, pero el Departamento no pagará dicho abogado. La oficina del DHS de su condado puede darle información sobre servicios legales. El costo de los servicios legales se basará en sus ingresos. También puede llamar a Iowa Legal Aid al 1-800-532-1275. Si vive en Polk County, llame al 243-1193.

Política Relativa a la Discriminación, el Acoso, la Acción Afirmativa, y la Oportunidad Igualitaria de Empleo

Es política del Iowa Department of Human Services ofrecer trato igualitario en cuanto a empleo y ofrecimiento de servicios a los solicitantes, empleados y clientes, sin importar su raza, color, nacionalidad, sexo, orientación de sexual, identidad de género, religión, edad, incapacidad, creencia política o estatus de veterano.

Si cree que DHS le ha discriminado o acosado, le agradeceremos que envíe una carta explicando detalladamente su queja a:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, o a través de correo electrónico a stopit@dhs.state.ia.us

Notice of Action: Foster Family Home, Form 470-0709 or 470-0709(S)

Purpose	Form 470-0709 or 470-0709(S) is used to notify the applicant for a foster family home license of licensing decisions.
Source	Complete the English version of the form on line using the template in the public state-approved forms folder on Outlook. Print supplies of the Spanish version of the form from the sample in the manual.
Completion	<p>The service area manager or designee completes the form when the manager or designee makes a foster family home licensing decision, including:</p> <ul style="list-style-type: none">◆ Issuance of a full license on application, reapplication, or completion of a corrective action plan under a provisional license.◆ Issuance of a provisional license on application or reapplication.◆ Denial of a license on application, reapplication, or expiration of a provisional license. <p>NOTE: If the applicant fails to return the application for renewal, then the license is not renewed. The notice is effective the last day of the licensing year.</p> <p>The service area manager or designee reviews and signs the form.</p>
Distribution	Make three copies of the completed form. Send the original to the applicant. NOTE: Send all denial notices to the applicant by restricted certified mail so that the date of receipt can be recorded for appeal purposes.

Recommendation for Denial of a Foster Family License, Form 470-0704

Purpose	Form 470-0704 summarizes the grounds for recommending denial of an application or reapplication for a foster family home license and records the decision. (See 12-B, Denial of License , for further discussion.)
Source	Department staff can complete form 470-0704 on line using the template available in the public state-approved forms folder on Outlook.
Completion	The Department licensing worker completes all but the "Denial Decision" section when recommending the denial of a license. The service area manager completes that section.
Distribution	<p>The licensing worker submits the form to the service area manager or designee and keeps a copy as a control.</p> <p>After a decision is made, the licensing worker:</p> <ul style="list-style-type: none">◆ Files a copy in the licensing file,◆ Sends a copy to the foster family program manager in the Division of Adult, Children and Family Services along with the documentation supporting the denial, and◆ Sends a copy to the recruitment and retention contractor.
Data	Indicate all substantiated reasons for the denial of an application or reapplication. Attach supporting data for each reason checked when this form is submitted.

Request for a One Year Foster Family License, Form 470-5124

Purpose	Form 470-5124 is used to document the request for approval or denial of one-year licensure for foster families.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	<p>This form is completed by the Department licensing worker upon receipt of the licensing renewal packet for foster families who have completed their first two years of licensure. This form is used only for foster families whose performance in the previous licensing year indicates the need for a one year license.</p> <p>Mark the reasons for the request as indicated on the form. <i>Other reasons</i> can be for:</p> <ul style="list-style-type: none">◆ Continuing lack of compliance with adherence to foster care licensing rules, foster care placement contract, or foster family handbook;◆ Behavior that could have negative impact on foster children, such as alcohol or substance abuse;◆ Health or mental health concern. <p>The occurrence of one or more of the reasons does not require a recommendation of a one-year license. Take into consideration the circumstances, foster family's history, willingness to take responsibility and made adjustments, and other relevant factors when deciding whether or not to make the request.</p> <p>Also document voluntary requests by the foster family in this section. If you need more space to write the information under <i>Other reasons</i>, use another sheet of paper and attach it to this form.</p>
Distribution	Attach the home study and supporting documents or reports to this form. Send the completed form with attachments to the Foster Family Program Manager in Central Office.



Request for a One Year Foster Family License

To: Administrator, Division of Adult, Children and Family Services		Date	
Service Area	Licensing Worker		
Name of Licensee 1	License Number		
Name of Licensee 2	County		
Street	City	State	Zip Code

Basis for One year Foster Parent License Request

- The foster parent has been placed on a Corrective Action Plan in the last 12 months.
- The foster parent has had one or more child abuse assessments that resulted in an unfounded or confirmed but not placed on the child abuse registry determination.
- The foster parent had not completed their in-service training within their training cycle
- The foster family is not taking into due consideration the health, sanitation, hygiene, comfort or well-being of foster children. (112.6(1)"b")
- Other reasons, i.e., a family placed on hold. Explain reasons in detail (attach another page of explanation if needed):

License Decision

License is renewed for: 1 year 2 years Effective date: _____

Signature of Administrator, Division of Adult, Children and Family Services	Date
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The Adult, Children and Family Services Division Administrator reviews the request and indicates on the form approval or denial and an effective date.

The division administrator signs the form and returns a copy to the Department licensing worker. The Department licensing worker then sends the foster family the Notice of Action.

If the decision is for another one year license, document the reasons on the Notice of Action form. Do not send a copy of the request form to the foster family.

Keep the original in the licensing case file until the signed form is returned to you. Then file the signed form in the licensing case file. Provide a copy of the signed form to the recruitment and retention provider.

Data

Use all available information about the family for a thorough recommendation to the division administrator including:

- ◆ The final home study,
- ◆ Discussions with the recruitment and retention provider and other providers, DHS staff, the foster family;
- ◆ Corrective action plans, and
- ◆ Child abuse assessments.

Request for Child Abuse Information, Form 470-0643

Purpose	Form 470-0643 is used to document a request for information from the Central Abuse Registry to determine whether there is a record of a founded abuse report on a person in the foster family household.
Source	Department staff can complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	Recruitment and retention contractor staff complete the form when a family is being evaluated on a new or renewal application for a foster family home license. Complete a separate form for each person. For guidelines on checking abuse records for license renewals, refer to 12-B, RENEWAL OF LICENSE: Records Check for Renewal . Make the check through the SING system.
Distribution	If the name is found on the Registry as the person responsible for a registered incident, send a copy of the form to the Central Registry office to request a copy of the report. File the form in the in the home study file with the SING response attached.
Data	Complete Sections I, II, and III, requesting any founded or undetermined child abuse reports indicating the foster parent or other household member as the person responsible for abuse, for the purpose of a registry check for foster family home licensing.