

Foster Home Licensing Review  
Agency Report

Complete with information on a date selected from June 1-15, 2012

INSTRUCTIONS: Fill in information only for foster homes that your agency licenses. Do NOT include information for foster homes that are licensed by another agency, even if your agency uses beds in those homes. Some cells will have a corner marked in red. Put your cursor on the cell and a note will pop up with instructions / explanations. If you make a mistake in entering the data in a cell, DO NOT backspace or hit the space bar to erase otherwise you will erase formulas and drop downs. Right click on your mouse and click on "clear contents". If you have any questions / problems, please callTara Petti at 783-9190 for help.

AGENCY

Verified Correct:

Date:

Foster Parent Name Use the name of the primary caregiver			Location of the foster home	# of FP own children and other children in their care under 18 AND living in the home	Children in care with licensing agency currently in the home	Children in care with another agency currently in the home (eg. Borrowed bed)	List ages of all children in the home (FP own and C in C)	Type of license	# of bed spaces on license	Aboriginal status of foster home	Effective date of most recent FH license	Most recent Signed FH license on file	FH license signed by Executive Director	Original license signed and on file	Home Study on file	Is home study signed by worker	Is home study signed by supervisor	Annual review on file (correspond to license)	Annual review signed by worker	Annual review signed by supervisor	Applic to foster on file	Crim checks done on ALL adults in household	Results of crim check NOTE: Where a record exists on any adult in the household, please complete the additional info sheet	CAR checks done on ALL adults in household	CAR check results NOTE: Where any adult in the household is listed on the CAR, complete addt'l info sheet	Prior contact checks done	PCC Results NOTE: if PCC results indicate an open or closed protection file please complete additional info sheet	Physical req'mts report on file	# of references on file	FP Medical report on file	File shows FP attended Orientation	Yrs of experience of foster parent (any agency)	FH placement history on FH file	
Last Name		First Name									DD	MO	YR																					
Ex.	Mister	Joseph	Winnipeg	2	3	0	2,6,8,10,15	Regular License	4	First Nation	7	Apr	2011	yes	yes	no	yes	yes	yes	yes	no	yes	yes	Record	yes	On registry	yes	Closed Foster Car	yes	4	yes	no	10-15	yes
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## Foster Home Licensing Review Agency Report

**Complete with information on a date selected from June 1-15, 2012**

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## Foster Home Licensing Review Agency Report

**Complete with information on a date selected from June 1-15, 2012**

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Place of Safety Review  
Agency Report  
Complete with information as at February 29/2012

**INSTRUCTIONS: Fill in information only for places of safety designated by your agency.** Some cells will have a corner marked in red. Put your cursor on the cell and a note will pop up with instructions / explanations. If you make a mistake in entering the data in a cell, **DO NOT** backspace or hit the space bar to erase otherwise you will erase formulas and drop downs. **Right click** on your mouse and click on "clear contents". If you have any questions / problems, please call Tara Petti at 783-9190 for help.

[illegible]

## Place of Safety Review Agency Report

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**Complete with information as at February 29/2012**

[illegible]

Additional Information - Foster Homes

Agency Report

Instructions: Where any adult in a FOSTER HOME has a criminal record and/or is registered on the Child Abuse Registry and/or has a prior contact record, please provide the details. Some cells may have a corner marked in red. Put your cursor on the cell and a note will pop up with instructions / explanations. If you make a mistake in entering the data in a cell, DO NOT backspace or hit the space bar to erase otherwise you will erase formulas and drop downs. Right click on your mouse and click on "clear contents". If you have any questions / problems, please call Tara Petti at 783-9190 for help. ALL DATA SHOULD BE CURRENT FOR FEB. 29/2012.

AGENCY

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Verified Correct:

Date:

Does the agency have a written policy with respect to the licensing of foster homes where there is a criminal record on one or more adults in the home?

Does the agency have a written policy with respect to the licensing of foster homes where there is an adult listed on the Child Abuse Registry?

Does the agency have a written policy with respect to the licensing of foster homes where there is an adult with a prior contact check in a Protection file?

Persons on Child Abuse Registry

Instructions: The information you enter here will come from the sheet tabbed "Foster Home Licenses" and is to include ALL of the foster homes where an adult in the household was listed on the CAR. A separate entry is to be made for EACH person registered on the CAR.

Foster Home		Name of person on Child abuse registry		ReIn'ship in household	Is there a written reason on file for licensing home	Is the written reason signed by ED	Is there a summary report on the child abuse investigation on file?
Last Name		First Name					
Ex.	Mister	Joseph	Mister	James	adult child of primary caregiver	yes	yes
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Additional Information - Foster Homes  
Agency Report

Persons with Criminal Record

Instructions: The information you enter here will come from the sheet tabbed "Foster Home Licenses" and is to include ALL of the foster homes where an adult in the household has a criminal record. A separate entry is to be made for EACH person with a criminal record.

	Foster Home		Name of person with criminal record		Reln'ship in household	Criminal Risk Assessment (CRA)	If the CRA is Med or High, is there a written reason on file for licensing the home	Is the written reason signed by ED
	Last Name	First Name	Last Name	First Name				
Ex	Mister	Joseph	Mister	James	adult child of primary caregiver	Med	yes	yes
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Additional Information - Foster Homes

Person with Prior Protection Contact

Agency Report

Instructions: The information you enter here will come from the sheet tabbed "Foster Home Licenses" and is to include ALL of the foster homes where an adult in the household has had a prior PROTECTION contact with CFS. A separate entry is to be made for EACH person with a PCC record (Protection case)

Foster Home		Name of person with prior protection contact								
Last Name	First Name	Last Name	First Name	Reln'ship in household	Is Protection file Currently OPEN or is Protection file CLOSED	If Protection file is currently OPEN, enter the most recent date it was opened. If closed, enter date of closing (dd-mo-yr)	Safety Assessment of the Foster Home	If there is a prior PROTECTION contact, is there a written reason on file for licensing the home	Is the written reason signed by ED	
Ex.	Mister	Joseph	Mister	Mary	primary caregiver partner	closed	8-Aug-90	Safe	yes	yes
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Additional Information Places of Safety  
Agency Report

Instructions: Where any adult in a PLACE OF SAFETY has a criminal record and/or is registered on the Child Abuse Registry and/or has a prior contact record, please provide the details. Some cells may have a corner marked in red. Put your cursor on the cell and a note will pop up with instructions / explanations. If you make a mistake in entering the data in a cell, DO NOT backspace or hit the space bar to erase otherwise you will erase formulas and drop downs. Right click on your mouse and click on "clear contents". If you have any questions / problems, please call Tara Petti at 783-9190 for help. ALL DATA SHOULD BE CURRENT FOR FEB. 29/2012.

AGENCY Animikii

Does the agency have a written policy with respect to designating a home as a place of safety where there is a criminal record on one or more adults in the home?  
Does the agency have a written policy with respect to designating a home as a place of safety where one or more adults is listed on the Child Abuse Registry?  
Does the agency have a written policy with respect to designating a home as a place of safety where there is one or more adults with a prior contact check in a Protection file?


Name of Person on Child Abuse Registry

Instructions: The information you enter here will come from the sheet tabbed "Places of Safety" and is to include ALL of the Places of Safety where an adult in the household was listed on the CAR. A separate entry is to be made for EACH person registered on the CAR.

Foster Home		Name of person on Child abuse registry		ReIn'ship in household	Is there a written reason on file for licensing home	Is the written reason signed by ED	Is there a summary report on the child abuse investigation on file?
	Last Name	First Name	Last Name	First Name			
Ex.	Stone	Mary	Stone	James	primary caregiver partner	yes	yes
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Additional Information Places of Safety  
Agency Report

Name of Person with Criminal Record

Instructions: The information you enter here will come from the sheet tabbed "Places of Safety" and is to include ALL of the Places of Safety where an adult in the household has a criminal record. A separate entry is to be made for EACH person with a criminal record.

Foster Home		Name of person with criminal record					
Last Name	First Name	Last Name	First Name	Reln'ship in household	Criminal Risk Assessment (CRA)	If the CRA is Med or High, is there a written reason on file for licensing the home	Is the written reason signed by ED
Ex	Stone	Mary	Stone	Rocky	adult child of primary caregiver	Med	yes
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## Additional Information Places of Safety

### Agency Report

## Person with Prior Protection Contact

Instructions: The information you enter here will come from the sheet tabbed "Places of Safety" and is to include ALL of the Places of Safety where an adult in the household has a prior or current PROTECTION contact with CFS. A separate entry is to be made for EACH person with a prior or current Protection contact.

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