

PROVIDER RELATIONS UNIT CCI & CPA FOSTER HOME SITE VISIT

Date of Visit _____ Provider Relations Unit Staff _____

Agency Name _____

Agency Address _____

Agency Contact Person (s) _____

Agency Phone Number _____ Agency Fax Number _____

RBWO Program Approval (Check rates approved for) Trad Base AWO MWO SBWO SMWO SMFWO TD MAT

CCI ONLY-Supervision

Staff to Child Ratio _____ Functional Capacity: Licensed Capacity: Current Census: _____

Frequency of head counts _____ Bed Checks Yes No If yes, how often _____

Copy of Staff Schedule Reviewed (see attached copy) Yes No

CPA ONLY-Foster Home-Composition:

Foster Parent(s) Name _____

Foster Home Address _____

Total Number of Children in Home (DFCS and Non DFCS Custody) _____ DFCS _____ Non DFCS _____

Siblings Placed in Home? Yes No _____ If yes, how many? _____

List the changes in the composition of the foster home since the last reporting period: (if applicable):

1. _____
2. _____
3. _____
4. _____

Was the provider notified? Yes No

Comments: _____

Name(s) and Relationship of Adults in the Home

Name	Relationship

MEDICATION-CCI and CPA

Medication Logs Accurate and up-to-date Yes No

Medication Safely Secured Yes No

Comments: _____

PHYSICAL PLANT

EXTERIOR

Comments:

Room Layout – Room # _____ (Include all children in the room)

Child's Name and DOB	RBWO Category	Presenting Issues/Special Precautionary Measures

RESIDENT BEDROOM

BATHROOM

Check One →	YES	NO	N/A	Comments:	Check One →	YES	NO	N/A	Comments:
Clothes Closet					Towel racks (towels)				
Bed (appropriate linen, sturdy, etc.)					Soap dish (soap)				
Walls Clean, without holes					Toilet working				
Flooring in good condition					Flooring in good condition				
Lighting Appropriate					Shower stall/bathtub				
Adequate Furniture/Condition					Walls Clean, without holes				
Electrical Outlets(with faceplates and working)									

Room Layout – Room # _____ (Include all children in the room)

Child's Name and DOB	RBWO Category	Presenting Issues/Special Precautionary Measures

RESIDENT BEDROOM

BATHROOM

Check One →	YES	NO	N/A	Comments:	Check One →	YES	NO	N/A	Comments:
Clothes Closet					Towel racks (towels)				
Bed (appropriate linen, sturdy, etc.)					Soap dish (soap)				
Walls Clean, without holes					Toilet working				
Flooring in good condition					Flooring in good condition				
Lighting Appropriate					Shower stall/bathtub				
Adequate Furniture/Condition					Walls Clean, without holes				
Electrical Outlets(with faceplates and working)									

COMMON AREA	#1			#2			#3			
	Check One →	YES	NO	Comments:	YES	NO	Comments:	YES	NO	Comments:
Homelike Setting										
Walls Clean, without holes										
Lighting Appropriate										
Doors										
Flooring in good condition										
Smoke detectors in place and operational										
Fire Extinguisher(s) valid and working										
Adequate Furniture/Condition										
First Aid Kit										
Cleaning Supplies (Properly Secured)										
Electrical Outlets(with faceplates and working)										

KITCHEN

Check One →	YES	NO
Adequate Food		
Appliances in safe & working conditions		
Cabinets in safe & working condition		
Walls Clean, without holes		
Flooring in good condition		
Electrical Outlets(with faceplates and working)		

Comments:
