|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services****Profile of Parenting****Supervisor Review Checklist** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Foster Home Name:** |       | **Date Submitted for Approval:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I.** | **Type of Foster Home:** | **[ ]** Traditional | **[ ]** Relative/Kinship | [ ]  ICPC |

|  |  |
| --- | --- |
| **II.** | **Foster Parent Information** |

Is demographic information complete for Applicant and Co-Applicant (if applicable), including detailed physical descriptions? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
| **III.** | **Household Member Information \*No foster children should be listed in this section.\*** |

Is demographic information including physical description completed for:

|  |  |  |  |
| --- | --- | --- | --- |
| Children |  | [ ]  Yes | [ ]  No |
| Other Adults |  |  | [ ]  Yes | [ ]  No |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
| **IV.** | **Child Specific Information (if applicable)** |

Is demographic information complete for all children currently placed in the home as a kinship or ICPC placement, including information about the child’s relationship to the Applicant and Co-Applicant?

Yes [ ]  No [ ]  N/A [ ]

|  |  |
| --- | --- |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
| **V.** | **Is the following information provided about the Applicant/Co-Applicant in paragraph form?** |
|  | 1. **Motivation for Foster Parenting:**
 | **Sufficient or Not Sufficient**  | **Yes**  |  **No**  |
|  | Reasoning for becoming a foster parent from their point of view | [ ]  | [ ]  |
|  | Assessment of their understanding of the foster to adopt process | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
|  | 1. **Pre-Service Training Experience: Yes**
 |  **No** |
|  | Applicant/Co-Applicant’s experience in training | [ ]  | [ ]  |
|  | Dates and locations of pre-service classes, including instructor’s names | [ ]  | [ ]  |
|  | Strengths and/or needs identified in the pre-service assessment | [ ]  | [ ]  |
|  | Any waiver requested, approved, or denied | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
|  | 1. **Home/Neighborhood: Yes**
 | **No** |
|  | Physical description of the home | [ ]  | [ ]  |
|  | Description of neighborhood, including crime rate, proximity to resources, and schools the home is zoned for | [ ]  | [ ]  |
|  | Plans for transportation (i.e., valid driver’s license, car registration, car seat availability, etc.) | [ ]  | [ ]  |
|  | Pets and documentation of current vaccinations | [ ]  | [ ]  |
|  | Relationship with neighbors | [ ]  | [ ]  |
|  | Results of the home safety checklist (fire extinguishers, smoke alarm, pool safety, medications locked, weapons stored properly, etc.) | [ ]  | [ ]  |
|  | Any waivers requested, approved, or denied | [ ]  | [ ]  |
|  | Results of POPS items that apply to this section: #25, #49, #52 through #56 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
|  | 1. **Family History Information – Childhood and Adolescent History:**
 |
|  | **Applicant** | **Co-Applicant** |

**Relationship History Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Relationship with parents and siblings during childhood | [ ]  | [ ]  | [ ]  | [ ]  |
|  | What their life was like as a child/as an adolescent | [ ]  | [ ]  | [ ]  | [ ]  |
|  | If parents are deceased, then dates and causes of death | [ ]  | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Well-Being History Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Any physical or mental health problems during childhood | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Any drug/alcohol use | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Traumatic incidents | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Results of POPS items that apply to this section; #45 and #46 (anything rated “0”, “2”, “3”, in these areas) | [ ]  | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Legal/DCS History Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Behavioral or delinquency concerns | [ ]  | [ ]  | [ ]  | [ ]  |
|  | History or abuse and/or neglect | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Involvement with DCS or Court system | [ ]  | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
|  | 1. **Family History Information – Aduthood:**
 |
|  | **Applicant** | **Co-Applicant** |

 **Relationship History** **Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Early dating and sexual experiences | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Current and past marital relationships | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Current relationships with parents and siblings | [ ]  | [ ]  | [ ]  | [ ]  |
|  | How they manage those relationships | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Current or past relationships with all children and other adults in the home | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Results of POPS items that apply to this section; #29 and #30 (anything rated “0”, “2”, or “3 in these areas) | [ ]  | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Well-Being History Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Any physical or mental health problems since adulthood | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Any drug/alcohol use since adulthood | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Trauma/domestic violence since adulthood | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Any services they currently receive for personal issues | [ ]  | [ ]  | [ ]  | [ ]  |
|  | How these issues would affect being a foster parent  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Summary of their medical report with a list of current medications and health conditions | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Results of POPS items that apply to this section; #39 through #44 and #56 (anything rated “0”, “2”, “3”, in these areas) | [ ]  | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Legal/DCS History Yes No Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Past/current criminal convictions or charges/arrests | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Results of background checks, including dates of completion | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Any waiver requested, approved, or denied | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| If no, what needs to be included? |       |

 **Other Adults in the Home** N/A [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  | **1** |  **2** |  **3** |

 **Relationship History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Current relationship with Applicant/Co-Applicant | [ ]  | [ ]  | [ ]  |
|  | Their potential interaction with foster children in the home | [ ]  | [ ]  | [ ]  |
|  | Their current relationship to birth/adopted children in the home | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Well-Being History 1 2 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Physical problems, drug/alcohol use, emotional/mental health issues | [ ]  | [ ]  | [ ]  |
|  | Any services they currently receive for those issues | [ ]  | [ ]  | [ ]  |
|  | How these issues would affect the Applicant/Co-Applicant from becoming a foster parent | [ ]  | [ ]  | [ ]  |
|  | Summary of their medical report with a list of current medications and health conditions | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Legal/DCS History 1 2 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Past/current criminal convictions or charges/arrests | [ ]  | [ ]  | [ ]  |
|  | Results of background checks, including dates of completion | [ ]  | [ ]  | [ ]  |
|  | Any involvement with DCS | [ ]  | [ ]  | [ ]  |
|  | Any high-risk behaviors identified in POPS Tool, Section IX, #57 | [ ]  | [ ]  | [ ]  |
|  | Any waiver requested, approved, or denied | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Children (Birth or Adopted)** N/A [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  | **1** | **2** | **3** |

 **Relationship History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Current relationship with Applicant/Co-Applicant | [ ]  | [ ]  | [ ]  |
|  | Their current relationship with Other Adults in the home | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Well-Being History 1 2 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Physical problems, drug/alcohol use, emotional/mental health issues | [ ]  | [ ]  | [ ]  |
|  | Any services they currently receive for those issues | [ ]  | [ ]  | [ ]  |
|  | How these issues would affect the Applicant/Co-Applicant from becoming a foster parent | [ ]  | [ ]  | [ ]  |
|  | Summary of their medical report with a list of current medications and health conditions | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Legal/DCS History 1 2 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | History of abuse, neglect, or trauma | [ ]  | [ ]  | [ ]  |
|  | History of delinquency | [ ]  | [ ]  | [ ]  |
|  | Any involvement with DCS | [ ]  | [ ]  | [ ]  |
|  | Any high-risk behaviors identified in POPS Tool, Section IX, #57 | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included?  |       |

 **Children Outside of the Home** N/A [ ]  **1 2 3**

 **Relationship History**

|  |  |  |  |
| --- | --- | --- | --- |
| Current relationship with Applicant/Co-Applicant | [ ]  | [ ]  | [ ]  |
| Their current relationship with Other Adults in the home | [ ]  | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 **Family Interaction**  **Yes No**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Description and assessment about the interaction of the family unit | [ ]  | [ ]  |
|  | Time spent together or activities that the family does together | [ ]  | [ ]  |
|  | Hobbies, special interests, talents of each foster parent | [ ]  | [ ]  |
|  | Any community groups the family is involved in and its impact on fostering/adopting | [ ]  | [ ]  |
|  | Analysis of Eco-Map | [ ]  | [ ]  |
|  | Results of POPS items that apply to this section: #30 through #35 (anything rated “0”, “2”, “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
| **Ability**  | **Yes**  | **No** |
| Type of children the applicant believes they can work with and why, from the applicants’ point of view | [ ]  | [ ]  |
| How foster parents collaborate with one another in making parenting decisions | [ ]  | [ ]  |
| Parenting style/child rearing practices and the effect it will have on their ability to foster children | [ ]  | [ ]  |
| Willingness to work/partner with birth parents, DCS, providers, etc. | [ ]  | [ ]  |
| Their understanding of their rights and responsibilities as foster parents | [ ]  | [ ]  |
| Summary of the Foster Parent Strengths/Needs Checklist | [ ]  | [ ]  |
| Results of POPS items that apply to this section: #1 through #21, #24, #26 through #28, and #51 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
| **Skills**  | **Yes**  | **No** |
| Primary and secondary language spoken in the home | [ ]  | [ ]  |
| Level of education for Applicant and Co-Applicant and how that can impact their ability to be foster parents | [ ]  | [ ]  |
| Previous fostering/adoption experience (if applicable) | [ ]  | [ ]  |
| Any specialized training by the foster parents | [ ]  | [ ]  |
| Results of POPS items that apply to this section: #22 and #23 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
| **Support for Foster Parents**  | **Yes**  | **No** |
| Family’s financial information from their Monthly Income and Expenditures form | [ ]  | [ ]  |
| Information about their employment (e.g. shifts, hours, etc.) | [ ]  | [ ]  |
| Level of impact their employment has on their ability to be a foster parent | [ ]  | [ ]  |
| Family and extended family’s support for their decision to foster or adopt | [ ]  | [ ]  |
| Any informal supports and alternate caregivers who have been identified | [ ]  | [ ]  |
| Their contingency plan | [ ]  | [ ]  |
| Results of POPS items that apply to this section: #47 through #50 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
|  | 1. **Character, Ethics and Values:**
 |
| **Foster Family Character, Ethics and Values** | **Yes**  | **No** |
| Willingness and ability of Applicant/Co-Applicant to parent a child with different values, religious beliefs, sexual orientation, political beliefs, etc. | [ ]  | [ ]  |
| Famliy’s description of their ethics and values | [ ]  | [ ]  |
| How the family solves problems | [ ]  | [ ]  |
| Results of POPS items that apply to this section: #36 through #38 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |  |
| --- | --- | --- |
| **References** – DO NOT INCLUDE REFERENCE NAMES | **Yes**  | **No** |
| Summary of the responses from Applicant/Co-Applicant’s references while keeping confidentiality of the references intact | [ ]  | [ ]  |
| Strengths and/or concerns identified by the references | [ ]  | [ ]  |
| If no, what needs to be included? |       |

|  |  |
| --- | --- |
|  | 1. **Recommendations:**
 |

 **Yes No**

|  |  |  |
| --- | --- | --- |
| Number of children recommended to parent  | [ ]  | [ ]  |
| Age range of children recommended to parent | [ ]  | [ ]  |
| Type of physical, emotional, behavioral and personality traits of the children the family will be successful at parenting | [ ]  | [ ]  |
| Results of POPS items that apply to this section: #52 (anything rated “0”, “2”, or “3” in these areas) | [ ]  | [ ]  |
| If no, what needs to be included? |       |

 For Kinship and ICPC HomesN/A [ ]

 In addition to the above:

 **Yes No**

|  |  |  |
| --- | --- | --- |
| Statement regarding the family’s capability to meet that specific child/youth’s needs  | [ ]  | [ ]  |
| Name of the child for which the family is approved | [ ]  | [ ]  |
| Must state whether the foster home is certified eligible under DCS standards for federal IV-E financial assistance, including the period of eligibility | [ ]  | [ ]  |
| If no, what needs to be included? |       |