PROCEDURE

Series:	**Operating Procedure**	**COA: FKC 12; PQI 2** **CFOP: N/A**

Procedure Name: Quality Assurance Foster Home Visits
Procedure Number: OP-1215
Reviewed Date: 03/27/19
Revision #/Date: N/A
Effective Date: 10/01/2018

Applicable to:	All BFP staff licensed foster home and foster children being served

PURPOSE: To provide quality assurance reviews of Brevard Family Partnership (BFP) licensed foster homes and to serve as a risk management tool on foster home issues of concern that were previously reported.

PROCEDURE:

References OP-1193, RQ-502, RQ-506

Quality Assurance Foster Home Visits:

1. By the 1st of every month the Compliance Specialist will select at least two (2) foster homes for a Quality Assurance (QA) visit during that month.
2. Foster home selection shall be based on, but not limited to information gathered from: Institutional Reports, Foster Care Referrals, Request for Assistance (RFA), Critical Incident Reports (CIR), Exit Interviews, and feedback from Intake and Placement.
3. The QA Visit list is provided to the Director of Licensing and the applicable Dependency Care Manager (DCM) at the beginning of each month and at least five (5) business days prior to the first visit.
4. Notice of the visit is provided by the Compliance Specialist who calls the foster parent to schedule the visit convenient to the foster parent and as soon as possible.
5. A quality assurance licensed home visit questionnaire is used at each visit.
6. At least one foster parent is interviewed per foster home.
7. When age appropriate, at least one child is interviewed per foster home whenever possible.
8. A FSFN note describing a QA visit occurred is entered within 48 hours.
9. A QA visit summary is prepared and provided to the Director of Licensing within (5) business days of the visit.
10. QA visit summaries are reported to the monthly Risk Management committee meeting.
11. Director of Licensing notifies the Risk Management Committee if there is a need for an immediate RFA and or immediate Risk Management review.
12. The Risk Management Committee reviews and decides if an RFA or follow up is warranted. Any recommendations for the committee are followed up on and reviewed at the next Risk Management Committee meeting.

13. Once the Risk Management Committee decides no further action is required the Compliance Specialist uploads the QA Summary to FSFN.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

_____

PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 2/11/2020

Quality Assurance Licensing Home Visit Form

Date of QA Visit:	Time of Visit:
Foster Home:	
Licensing Specialist:	
License Expires:	
Capacity of Home:	

<div align="center">Household Composition</div>

Adults living in the home:

Name	Age	Relationship	Bedroom #	Present for visit
1.				
2.				
3.				
4.				
5.				
6.				

Biological/Adopted Children Living in the Home:

Name	Age/Sex	Relationship	Bedroom #	Present for visit
1.				
2.				
3.				
4.				
5.				
6.				

Foster Children Currently Residing in the Home:

Name	Age/Sex	Date of placement	Bedroom #	Type of bed	Present for Visit
1.					
2.					
3.					
4.					
5.					
6.					

Foster Parent Questions	
Question	**If No….**
Are the Care Managers visiting the children each month? ☐ Yes ☐ No	Explain:
Are you working with bio-parents? ☐ Yes ☐ No	
Are you engaged in the visitation plan with the bio-parents? (Transportation and Supervision) ☐ Yes ☐ No	
Does the child currently receive services? ☐ Yes ☐ No	
Are there any services you feel the child should be getting? ☐ Yes ☐ No	
Have you attended or notified of Court Hearings? ☐ Yes ☐ No	
Are you treated as an equal partner in working for the child's best interest? ☐ Yes ☐ No	
Is the ongoing foster parent training helpful in caring for the children in your home? ☐ Yes ☐ No	
Do you get the support you feel you need? ☐ Yes ☐ No	
What could BFP do to improve how we support foster parents?	

Compliance

Yes/No	Emergency Numbers posted by telephone
Yes/No	Evacuation plan posted, identifies exits, meeting place and addresses any special assistance needed
Yes/No	Smoke Detectors tested and operational
Yes/No	All exits clear of obstructions.
Yes/No	Portable space heaters in rooms where people are sleeping
Yes/No	Flammable substances are stored appropriately (not in stairwells)
Yes/No	Walking surfaces are clean and free of tripping hazards
Yes/No	Toxic substances are kept in original containers and in secure location
Yes/No/n/a	Stairs are in good repair, have sturdy handrails, and well lit
Yes/No/n/a	Swimming pool area is secured with fence/barrier and lock
Yes/No/n/a	Lifesaving Equipment stored by pool
Yes/No/n/a	Animals are compatible with individuals in home **How many?**
Yes/No/n/a	Alcohol stored in locked cabinet
Yes/No	Chemical/cleaning supplies stored separately from food **Location:**
Yes/No	Medication is stored in lock box **Location:**
Yes/No	First aid kit readily available and stocked **Location:**
Yes/No	Fire Extinguisher in Kitchen **Location on 2nd Floor:**
Yes/No	Is the child's bedroom personalized?
Yes/No	Are there any potential hazards on the property/backyard? If so explain.

Is this home on an over cap waivered? *Yes   No*   Expiration Date: _____

Discuss any needs of the family and children placed in the home:

_____

_____

_____

Discuss child placement agreement compliance in the home:

_____

_____

_____

_____

Is there a current CAP/PIP? *Yes* *No.* If yes, what is the progress?

_____

_____

_____

Comments/Notes regarding in-home observations

_____ _____

_____

_____

Child Questions	
Question	**Explain**
What is your typical day like at this home?	
Where do you do your homework? Do you have access to a computer?	
Are you involved in any extracurricular activities?	
Is there anything you need?	

Follow-Up Needed:

_____

_____

_____

_____   _____
Compliance Specialist Signature   Date

_____   _____
Contract and Compliance Manager   Date

Date provided to Director of Licensing: _____

Date reviewed at Risk Management Committee: _____

Follow-up directed by Risk Management Committee: _____
     _____

_____

_____

Date approved at Risk Management Committee: _____