

# 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: \_\_\_\_\_