

Concerns Careline Reports Non-accepts

FAMILY INFORMATION

Name of Family:

Provider #:

Adoption Core Foster Care Fictive Kin General Use Independent Interstate Relative Respite Caregiver

I. Summary of Concern:

II. Past History::

III. Regulatory Assessment *Identify specific alleged regulatory complaints; provide the licensee's explanation, your impressions of the overall capabilities of the licensee, information from collateral contacts, any other risk factors noted, the adjustment of the children placed in the home, the outcome of the allegations (i.e., either evidence supports the allegation or it does not support the allegation), and note any problems found during the full site inspection.*

IV. Assessment Results: Regulatory Violation CONFIRMED Regulatory Violation NOT CONFIRMED:

V. Case Action: (If regulatory complaint confirmed, the case action must be discussed.):

VI. To achieve regulatory compliance, the following must be completed:		
Action Items	Responsible Party	Date to be completed:
Failure to complete the above action item(s) may result in further licensing action, Including revocation of your foster care license.		
Follow-up review to occur on or before:		Date of Licensing Action:
Type of Licensing Action, if applicable (please explain):		
SIGNATURES		
Name Foster Parent 1:	Signature of Foster Parent 1:	Date:
Name Foster Parent 2:	Signature of Foster Parent 2:	Date:
Name of FASU Social Worker:	Signature of FASU Social Worker:	Date:
Name of FASU Social Work Supervisor:	Signature of FASU Social Work Supervisor:	Date:
Name of FASU Program Manager:	Signature of FASU Program Manager:	Date:
Copies to: Licensing File		
CPS Social Worker	Name of CPS SW:	
CPS Social Work Supervisor	Name of CPS SWS:	