

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**EXPEDITED HOME STUDY CHECKLIST
FOR CASEWORKER**

Instructions:

Caseworker: This checklist is to be completed and is the mechanism to document regulatory requirements.

Prior to the placement of the child(ren) in the home, the requirements labeled "BEFORE" must be satisfactorily met. All other requirements must be completed in the listed time frames. All requirements must be completed within 90 days of the child(ren) placement in the home.

If the requirement is met, check "Yes." If the requirement has not been met, check "No." If not applicable, check N/A. An asterisk (*) is placed next to any regulatory and statutory requirement that is not eligible for a waiver. If the chosen answer has an * next to it, the expedited home study cannot continue until the regulatory requirement is met.

NAME(S) OF PROSPECTIVE EMERGENCY FOSTER PARENT(S)				
1.		The applicant(s) is/are the [relationship] to [child(ren) in foster care]		
2.		The prospective foster parent(s) is/are 21 years of age or older. *18 NYCRR 443.2 l(1)(i)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		Agency child maltreatment and abuse records reviewed for all applicant(s) 18 years of age or older. *18 NYCRR 443.7(b)(6)	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
4.	BEFORE	a. All applicant(s) and household members 18 years of age or older agree to complete a <i>Statewide Central Register Database Check form (LDSS-3370)</i> within seven days. <input checked="" type="checkbox"/> Date the LDSS-3370 given to applicant(s) and household members: / / , <input checked="" type="checkbox"/> Date the LDSS-3370 due to the LDSS or VA: / /	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
		b. All applicant(s) and household members 18 years of age or older agree to obtain the documentation necessary for the LDSS or VA to request the out-of-state child abuse and maltreatment registry for all states they have lived in for the past five years as part of the full certification/approval process. *18 NYCRR 443.7(e)(2)	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
	7 DAYS	c. The LDSS-3370 was completed by the applicant and household members 18 years of age or older and was submitted to the LDSS or VA. *18 NYCRR 443.7(e)(1) <input checked="" type="checkbox"/> Date the LDSS or VA submitted LDSS-3370 to the Office of Children and Family Services (OCFS): / /	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
5.	BEFORE	a. All applicant(s) and household members 18 years of age or older agree to complete a criminal history record check (fingerprinting) through the Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). *18 NYCRR 443.7(f)	Yes <input type="checkbox"/>	No* <input type="checkbox"/>

	1 DAY	<p>b. The <i>Request for NYS Fingerprinting Services (OCFS-4930ASFA)</i> and <i>Notice Regarding Fingerprinting Requirements (OCFS-2660)</i> were given to all applicant(s) and household members 18 years of age or older. *18 NYCRR 443.7(f)</p> <p><input checked="" type="checkbox"/> Date the OCFS-4930ASFA and OCFS-2660 were given / /</p> <p><input checked="" type="checkbox"/> Date the fingerprints are due: / / (no later than two weeks following the receipt of the OCFS-4930ASFA)</p>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	
	2 WEEKS	<p>c. Fingerprints completed on all applicant(s) and household members 18 years of age or older within two weeks of the receipt of the OCFS-4930ASFA. *18 NYCRR 443.7(f)</p>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	
6.	BEFORE	<p>a. All applicant(s) and household members 18 years of age or older agree to a Staff Exclusion List (SEL) check. *18 NYCRR 443.7 (e)(3)</p>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	
	7 DAYS	<p>b. The SEL check was completed on all household members 18 years of age or older.</p> <p><input checked="" type="checkbox"/> Date SEL check(s) completed: / /</p>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	
7.	BEFORE	<p>The applicant(s) provided information for three character references to be contacted. *18 NYCRR 443.7(b)(5)</p> <p>1. Name: Address: Phone#. () -</p> <p>2. Name: Address: Phone#. () -</p> <p>3. Name: Address: Phone#. () -</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.	7 DAYS	<p>a. The worker discussed the <i>Foster Parent Agreement With Authorized Agency (OCFS-5183J)</i> with the applicant(s).</p> <p>b. The applicant(s) and home finder or agency representative signed and dated the OCFS-5183J. *18 NYCRR 443.7(d)</p> <p>c. The signed and dated OCFS-5193J is attached to the <i>Expedited Home Study</i> packet.</p>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

9.	BEFORE	Safe sleep for infants' guidelines have been reviewed with the applicant(s). <i>Keeping Sleeping Babies Safer (Pub. 5002)</i> should be provided.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
10.	BEFORE	The applicant(s) agree to attend an OCFS-approved training program as a condition of becoming a fully approved foster home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11.	BEFORE	<p>a. The <i>Prospective Emergency Foster Parent Statement (OCFS-5300B)</i> is signed and dated by the applicant(s). *18 NYCRR 443.7(b)(1)</p> <p>b. The OCFS-5300B is attached to the <i>Expedited Home Study</i> packet.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12.	BEFORE	<p>a. The expedited home study on the applicant(s)' home and family has been completed. *18 NYCRR 443.7(b)(3).</p> <p>b. The expedited home study on applicant(s)' home and family is attached .</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13.	BEFORE	<p>The expedited home study on the applicant(s)' home determined that there is no apparent risk to the health and safety of the child(ren). *18 NYCRR 443.7 (b)(2)</p> <p>(<i>The Safety Review Form, OCFS-5183E</i>, will be completed as part of the full approval process).</p> <p>a. There are no obvious health or safety hazards present in the home.</p> <p>b. Heating apparatus is safe and adequate to provide reasonable comfort for the child.</p> <p>c. Kitchen facilities are sanitary, functioning, and adequate.</p> <p>d. Each child has his/her own bed for sleeping. See exceptions below.</p> <p>e. Each child under the age of 3 has his/her own crib for sleeping with age and developmentally appropriate bedding (no crib bumpers). See exceptions below.</p> <p>f. Have or agree to have window guards installed for children under 11 years of age.</p> <p>g. Have or was provided with a smoke detector, in good working condition.</p> <p>h. Have or was provided with a carbon monoxide detector, in good working condition.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
			/ /		
CASEWORKER'S SIGNATURE		LDSS/VA	DATE		
			/ /		
SUPERVISOR'S SIGNATURE		LDSS/VA	DATE		

ALLOWABLE EXCEPTIONS FOR EMERGENCY FOSTER HOMES

This section is intended to temporarily approve or deny exceptions for emergency foster homes. A waiver/exception form must also be completed and submitted for supervisory approval when foster home is opened in FAD.

If choosing an answer with an asterisk (*), please provide a detailed explanation of why the exception is being requested and list the time frame for resolution of the issue for which an exception is being requested, if resolution is deemed appropriate.

If exceptions are **not** being requested, signatures for this section are **not** required.

1.	<p>Are there separate bedrooms for children of the opposite gender 7 years of age or older?</p> <p><i>Exception may be allowed if the children are siblings or half siblings sharing the same bedroom and the alternative sleeping arrangement is consistent with the health, safety, and welfare of each of the siblings or half siblings and is necessary to keep the siblings or half siblings placed together in the same foster home. * 18 NYCRR 443.3(a)(4)</i></p>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	NA <input type="checkbox"/>
2.	<p>Are there six or more children including foster children of any age and non-foster children under the age of 13 currently residing in the prospective foster home?</p> <p><i>Exception may be allowed for up to two additional children if such children are siblings, or are siblings of a child living in the home, are children freed for adoption and placed for adoption with the person(s) who have been certified or approved as foster parents, or are minor parents who are foster children and minor parents' children. *18 NYCRR 443.1(j), SSL 378.4, SSL 378. 3</i></p> <p><i>Another exception is where a child(ren) is returning to foster care following an interruption in care or is returning to a foster home following placement in a foster care facility and an LDSS or VA determines that it is in the best interests of the child(ren) to be placed in the foster home in which the child(ren) was last placed. *18 NYCRR 443.6; SSL 398(6)(n)</i></p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
3.	<p>Are more than three persons occupying any bedroom where children in foster care will sleep?</p> <p><i>Exception may be allowed if the children are siblings or half siblings and the occupancy is consistent with the health, safety, and welfare of each of the siblings or half siblings and is necessary to keep the siblings or half siblings placed together in the same foster home. *18 NYCRR 443.3(a)(5)</i></p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
4.	<p>Does the prospective foster home care for more than two infants under 2 years of age, including the foster parent's own children?</p> <p><i>Exception may be allowed as permitted by the appropriate LDSS or VA where the foster parents have demonstrated the capacity to do so and a sibling group would otherwise be separated.</i></p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
5.	<p>Does the prospective approved emergency foster parent(s) rent rooms to lodgers or boarders or receive and care for maternity cases, except as part of the foster care program, or receive or care for convalescent cases or conduct any business on the premises that might adversely affect the welfare of children?</p> <p><i>Exception may be allowed if permitted by the LDSS or VA that certified or approved the home. *18 NYCRR 443.3(a)(14)</i></p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
		/ /		
CASEWORKER'S SIGNATURE		LDSS/VA		DATE
		/ /		
SUPERVISOR'S SIGNATURE		LDSS/VA		DATE

**OTHER EXCEPTIONS APPLICABLE SOLELY TO
EMERGENCY FOSTER HOMES (WAIVERS)
[18 NYCRR 443.3(b)(16)]**

Note: This section is intended to temporarily approve or deny waivers for emergency foster homes, a waiver/exception form must also be completed and submitted for LDSS approval when the foster home is opened in FAD.

If choosing an answer with an asterisk (*), please provide a detailed explanation of why the exception is being requested and list the time frame for resolution of the issue for which a waiver is being requested, if resolution is deemed appropriate.

If waivers are not being requested, signatures for this section are **not** required.

A waiver is a request for an exemption to any non-safety, non-statutory, regulatory requirement for approving a foster home. Is a waiver being requested for this foster home?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>	NA <input type="checkbox"/>
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A waiver must be requested in writing to the LDSS with legal custody of the child(ren) to be placed in the home and must be authorized by an LDSS supervisor who does not have direct supervisor responsibilities for the case management of the child(ren) placed in the home. The waiver requested must be

- necessary to board a foster child;
- in the best interests of the child; and
- consistent with the health, safety, and welfare of the child.

Describe:

		/ /
CASEWORKER'S SIGNATURE	LDSS/VA	DATE
		/ /
LDSS SUPERVISOR'S SIGNATURE (WITHOUT CASE MANAGEMENT RESPONSIBILITY)	LDSS	DATE