

Child Placement Agency – Treatment Foster Family Record

CPA Name		CPA License Number		CDHS Staff Date	
Foster Family Name(s) App. 1 App. 2		Certificate Number		Capacity/ages	
INITIAL CERTIFICATION					
Original Date of Certification 710.34 A 1		Address/Phone number 710.45 F		Current Family Photo 710.33 L 4 C	
State application form, including perjury statement, signed 710.33 A 1-5		Previous certifying agency reference checks 710.33 I		Dually licensed for child care 710.33 E-F	
Minimum 3 references obtained (2 from non-family) 708.21 F 710.33 L 4 E		Medical exams on all persons in the house; follow up report if mental health issues; vaccination record of current influenza/pertussis if caring for infants under 6 months 708.21 L-M 708.64 C-D		SAFE home study completed prior to certification 710.33 L 3	
SAFE In-home interviews 710.33 L 5 a-c		SAFE Q1 and Q2 Applicant 1 Applicant 2 710.33 L 3		SAFE Psy/Soc Inventory 710.33 L 3	
SAFE signatures- worker, supervisor, applicants 710.25 C 4 & B 5 710.33 L 3		SAFE Sup Checklist & Harvesting Sheet 710.33 L 3		On-site inspection with measurement of sleeping areas prior to certification 710.33 L 8	
Current pet vaccinations 708.31 C 2		Current Driver's License Applicant 1 Applicant 2 708.46 D		Current car registration and insurance 708.46 C	
CBI clearance received Applicant 1 Applicant 2 701.33 A 1 C		FBI clearance received Applicant 1 Applicant 2 701.33 A 1 C		Trails/BIU clearance Applicant 1 Applicant 2 701.32 B	
Supervisor Trails Check Applicant 1 Applicant 2 710.33 L 1		National Sex Offender Checks Applicant 1 Applicant 2 Address 701.33 H 2 a-b		CO Sex Offender Checks Applicant 1 Applicant 2 Address 701.33 H 2 a-b	
Out of state abuse/neglect records for past 5 years Applicant 1 Applicant 2 701.32 B		Current 1 st Aid Applicant 1 Applicant 2 708.41 E		Current CPR Applicant 1 Applicant 2 708.41 E	
Child Abuse reporting statement signed 701.53 A		House rules 708.31 B 2		Annual training plan @ time of certification 704.4 B 4 a-d	

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CPA Name

Specialist

Date

TRAINING REQUIREMENTS

Minimum 12 hours core training prior to certification Applicant 1 Applicant 2 710.33 J 1		32 hours treatment specific training prior to placement + 27 hours initial training within 3 months of placement Applicant 1 Applicant 2 710.33 J 1 a-k 704.4 A 1		Initial Prudent Parent training Applicant 1 Applicant 2 710.33 J 1 k	
Trauma informed care training (completed prior to placement) 704.4 A 1 a		Trauma informed behavior management training (completed prior to placement) 704.4 A 1 b		Child specific training- diagnoses/behaviors/needs (completed prior to placement) 704.4 A 1 c 708.65 E	
Intensive mental/behavioral health training (completed prior to placement) 704.4 A 1 d		Confidentiality & cultural responsiveness training (completed prior to placement) 704.4 A 1 e		CHRP training if applicable 708.65 E	
32 hours annual training (22 in interactive setting) with emphasis on appropriate age and developmental levels Applicant 1 & Applicant 2 708.65 E 704.4 B 4		Positive & developmentally appropriate practices 708.65 C 2 & C 7		Behavior management/discipline 708.65 C 4-5	
Professional boundaries 708.65 C 6		CPA administrative and program goals training 708.65 C 3		Annual review of regulations 708.65 C 9	
Semi-annual emergency and safety training 708.65 C 1		Trauma-Informed Care Training 4 hrs initial & 2 hrs annual 701.400 B		Cultural Responsiveness Training 4 hrs initial & 2 hrs annual 701.300 B	
Original Restraint Training if applicable 714.535 A 1		6-Month Refresher Restraint Training if applicable 714.535 A 1			

CURRENT RECERTIFICATION

Current Recertification date 710.36 B 2		SAFE update completed prior to recertification 710.36 A 4		SAFE Update Psy/Soc Inventory 710.33 L 3	
SAFE Update signatures- worker, supervisor, applicants (or notice provided) 710.25 C 4 & B 5 710.33 L 3 710.36 A 4		SAFE Update Questionnaire 710.33 L 3		SAFE in-home interview (1 minimum) 710.36 A 4	
Supervisor Trails check prior to recertification Applicant 1 & 2 710.36 A 3 a		Annual Nat'l Sex Offender Checks Applicant 1 & 2 Address 710.36 A 5 a-b		Annual CO Sex Offender Checks Applicant 1 & 2 Address 710.36 A 5 a-b	

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Current medical exams on all persons in the house 710.36 A 3 d 708.64 C-D		Current on influenza/pertussis if caring for infants under 6 months 708.21 L		On-site unannounced inspection prior to recertification 710.33 M	
Annual training plan @ time of recertification 708.65 B 704.4 B 4 a-d		Five-year BIU check Applicant 1 Applicant 2 701.32 J		Five-year updated FBI check Applicant 1 Applicant 2 701.33 D 5	
ONGOING REQUIREMENTS					
List of children in home including dates placed/reasons for removal 710.45 F		Weekly face to face visits from Care Coordinator 704.3 C 2 d 1		Minimum one monthly face to face visit between Care Coordinator and both treatment foster parents (for two parent home) 704.3 C 2 d 1 a	
Minimum one monthly visit to occur in the treatment foster care home 704.3 C 2 d 1 b		Ongoing assessment of foster family support needs at visits 708.1 A 1 a 2		Foster family seeks support/family engagement meetings as needed 704.4 B 3	
Foster parent(s) work cooperatively with parents/identified family 704.4 B 1		CIRs 701.52 A		SAFE Addendum for significant life changes if applicable 710.33 L 7	
Emergency Drills- Fire/Tornado 708.45 A-J		Qualified respite provider 708.31.1 C			

OTHER ADULTS IN THE HOME

CBI/FBI 701.33 A 1 C & BIU 701.32 B & SO Checks 701.33 H 2 A & Medical 708.21 M

Name: Relationship: Original/Annual Update CBI _____ / N/A FBI _____ / _____ 5 year Trails/BIU _____ / _____ 5 year Out of state child abuse (5 years) _____ SO Colorado _____ / _____ SO National _____ / _____ Current Medical _____ /exp. date	Name: Relationship: Original/Annual Update CBI _____ / N/A FBI _____ / _____ 5 year Trails/BIU _____ / _____ 5 year Out of state child abuse (5 years) _____ SO Colorado _____ / _____ SO National _____ / _____ Current Medical _____ /exp. date	Name: Relationship: Original/Annual Update CBI _____ / N/A FBI _____ / _____ 5 year Trails/BIU _____ / _____ 5 year Out of state child abuse (5 years) _____ SO Colorado _____ / _____ SO National _____ / _____ Current Medical _____ /exp. date
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QUALIFIED ALTERNATIVE CARE PROVIDER (NATURAL SUPPORT)

Alternative care provider has a relationship or association with foster parent 708.31.1 D		Alternative care provider is familiar with the child 708.31.1 D 1 a		Alternative care provider is 18 or older 708.31.1 D 1 b	
Introduction & visit with alternative care provider and child prior to overnight use of alternative care 708.31.1 D 2		State alternative care consent form completed prior to care 708.31.1 D 3		Colorado Courts check for all adults residing in the home or CBI and FBI fingerprint based checks if CO resident for less than 5 years	

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				708.31.1 D 4	
CO Sex Offender Checks- name/address 708.31.1 D 4		National Sex Offender Checks- name/address 708.31.1 D 4		Trails/BIU 708.31.1 D 4 b	
Driver's License, Registration, and Insurance on file if driving youth 708.31.1 D 5		Alternative care provided up to 72 consecutive hours/maximum 7 days per month unless approved 708.31.1 D 1			
Notes					