



Tennessee Department of Children's Services
**Profile of Parenting
 Supervisor Review Checklist**

Foster Home Name: _____ Date Submitted for Approval: _____

I. **Type of Foster Home:** Traditional Relative/Kinship ICPC

II. Foster Parent Information

Is demographic information complete for Applicant and Co-Applicant (if applicable), including detailed physical descriptions? Yes No

If no, what needs to be included? _____

III. Household Member Information *No foster children should be listed in this section.*

Is demographic information including physical description completed for:

Children Yes No

Other Adults Yes No

If no, what needs to be included? _____

IV. Child Specific Information (if applicable)

Is demographic information complete for all children currently placed in the home as a kinship or ICPC placement, including information about the child's relationship to the Applicant and Co-Applicant?

Yes No N/A

If no, what needs to be included? _____

V. Is the following information provided about the Applicant/Co-Applicant in paragraph form?

a. Motivation for Foster Parenting:	Sufficient or Not Sufficient	Yes	No
Reasoning for becoming a foster parent from their point of view		<input type="checkbox"/>	<input type="checkbox"/>
Assessment of their understanding of the foster to adopt process		<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____			

b. Pre-Service Training Experience:	Yes	No
Applicant/Co-Applicant's experience in training	<input type="checkbox"/>	<input type="checkbox"/>
Dates and locations of pre-service classes, including instructor's names	<input type="checkbox"/>	<input type="checkbox"/>
Strengths and/or needs identified in the pre-service assessment	<input type="checkbox"/>	<input type="checkbox"/>
Any waiver requested, approved, or denied	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____		

c. Home/Neighborhood:	Yes	No
Physical description of the home	<input type="checkbox"/>	<input type="checkbox"/>
Description of neighborhood, including crime rate, proximity to resources, and schools the home is zoned for	<input type="checkbox"/>	<input type="checkbox"/>
Plans for transportation (i.e., valid driver's license, car registration, car seat availability, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Pets and documentation of current vaccinations	<input type="checkbox"/>	<input type="checkbox"/>

Relationship with neighbors	<input type="checkbox"/>	<input type="checkbox"/>
Results of the home safety checklist (fire extinguishers, smoke alarm, pool safety, medications locked, weapons stored properly, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Any waivers requested, approved, or denied	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #25, #49, #52 through #56 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

d. Family History Information - Childhood and Adolescent History:

Relationship History	Applicant		Co-Applicant	
	Yes	No	Yes	No
Relationship with parents and siblings during childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What their life was like as a child/as an adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If parents are deceased, then dates and causes of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Well-Being History	Yes	No	Yes	No
Any physical or mental health problems during childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any drug/alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section; #45 and #46 (anything rated "0", "2", "3", in these areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Legal/DCS History	Yes	No	Yes	No
Behavioral or delinquency concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History or abuse and/or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with DCS or Court system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

e. Family History Information - Adulthood:

Relationship History	Applicant		Co-Applicant	
	Yes	No	Yes	No
Early dating and sexual experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current and past marital relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current relationships with parents and siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How they manage those relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current or past relationships with all children and other adults in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section; #29 and #30 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Well-Being History	Yes	No	Yes	No
Any physical or mental health problems since adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any drug/alcohol use since adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma/domestic violence since adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any services they currently receive for personal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How these issues would affect being a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary of their medical report with a list of current medications and health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section; #39 through #44 and #56 (anything rated "0", "2", "3", in these areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Legal/DCS History	Yes	No	Yes	No
Past/current criminal convictions or charges/arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of background checks, including dates of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any waiver requested, approved, or denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Other Adults in the Home N/A

1 2 3

Relationship History

Current relationship with Applicant/Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their potential interaction with foster children in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their current relationship to birth/adopted children in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Well-Being History

1 2 3

Physical problems, drug/alcohol use, emotional/mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any services they currently receive for those issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How these issues would affect the Applicant/Co-Applicant from becoming a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary of their medical report with a list of current medications and health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Legal/DCS History

1 2 3

Past/current criminal convictions or charges/arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of background checks, including dates of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any involvement with DCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any high-risk behaviors identified in POPS Tool, Section IX, #57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any waiver requested, approved, or denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Children (Birth or Adopted) N/A

1 2 3

Relationship History

Current relationship with Applicant/Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their current relationship with Other Adults in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Well-Being History

1 2 3

Physical problems, drug/alcohol use, emotional/mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any services they currently receive for those issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How these issues would affect the Applicant/Co-Applicant from becoming a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary of their medical report with a list of current medications and health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Legal/DCS History

1 2 3

History of abuse, neglect, or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of delinquency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any involvement with DCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any high-risk behaviors identified in POPS Tool, Section IX, #57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Children Outside of the Home N/A

1 2 3

Relationship History

Current relationship with Applicant/Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their current relationship with Other Adults in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Family Interaction

Yes No

Description and assessment about the interaction of the family unit	<input type="checkbox"/>	<input type="checkbox"/>
Time spent together or activities that the family does together	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies, special interests, talents of each foster parent	<input type="checkbox"/>	<input type="checkbox"/>
Any community groups the family is involved in and its impact on fostering/adopting	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of Eco-Map	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #30 through #35 (anything rated "0", "2", "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

Ability	Yes	No
Type of children the applicant believes they can work with and why, from the applicants' point of view	<input type="checkbox"/>	<input type="checkbox"/>
How foster parents collaborate with one another in making parenting decisions	<input type="checkbox"/>	<input type="checkbox"/>
Parenting style/child rearing practices and the effect it will have on their ability to foster children	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to work/partner with birth parents, DCS, providers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Their understanding of their rights and responsibilities as foster parents	<input type="checkbox"/>	<input type="checkbox"/>
Summary of the Foster Parent Strengths/Needs Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #1 through #21, #24, #26 through #28, and #51 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____		

Skills	Yes	No
Primary and secondary language spoken in the home	<input type="checkbox"/>	<input type="checkbox"/>
Level of education for Applicant and Co-Applicant and how that can impact their ability to be foster parents	<input type="checkbox"/>	<input type="checkbox"/>
Previous fostering/adoption experience (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Any specialized training by the foster parents	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #22 and #23 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____		

Support for Foster Parents	Yes	No
Family's financial information from their Monthly Income and Expenditures form	<input type="checkbox"/>	<input type="checkbox"/>
Information about their employment (e.g. shifts, hours, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Level of impact their employment has on their ability to be a foster parent	<input type="checkbox"/>	<input type="checkbox"/>
Family and extended family's support for their decision to foster or adopt	<input type="checkbox"/>	<input type="checkbox"/>
Any informal supports and alternate caregivers who have been identified	<input type="checkbox"/>	<input type="checkbox"/>
Their contingency plan	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #47 through #50 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____		

f. Character, Ethics and Values:

Foster Family Character, Ethics and Values	Yes	No
Willingness and ability of Applicant/Co-Applicant to parent a child with different values, religious beliefs, sexual orientation, political beliefs, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Family's description of their ethics and values	<input type="checkbox"/>	<input type="checkbox"/>
How the family solves problems	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #36 through #38 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be included? _____		

References – DO NOT INCLUDE REFERENCE NAMES**Yes No**

Summary of the responses from Applicant/Co-Applicant's references while keeping confidentiality of the references intact	<input type="checkbox"/>	<input type="checkbox"/>
Strengths and/or concerns identified by the references	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

g. Recommendations:**Yes No**

Number of children recommended to parent	<input type="checkbox"/>	<input type="checkbox"/>
Age range of children recommended to parent	<input type="checkbox"/>	<input type="checkbox"/>
Type of physical, emotional, behavioral and personality traits of the children the family will be successful at parenting	<input type="checkbox"/>	<input type="checkbox"/>
Results of POPS items that apply to this section: #52 (anything rated "0", "2", or "3" in these areas)	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____

For Kinship and ICPC Homes N/A

In addition to the above:

Yes No

Statement regarding the family's capability to meet that specific child/youth's needs	<input type="checkbox"/>	<input type="checkbox"/>
Name of the child for which the family is approved	<input type="checkbox"/>	<input type="checkbox"/>
Must state whether the foster home is certified eligible under DCS standards for federal IV-E financial assistance, including the period of eligibility	<input type="checkbox"/>	<input type="checkbox"/>

If no, what needs to be included? _____