



Name of Foster Home _____

STAFF INQUIRY

For Agency Use:

License # _____

License Renewal Date _____

Rating (Please check one box)					
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Reporting Counselor's Unit:	
Responsible County	
Charlotte <input type="checkbox"/>	Collier <input type="checkbox"/>
Hendry/Glades <input type="checkbox"/>	Lee <input type="checkbox"/>
Unit:	
(North <input type="checkbox"/>	(Central <input type="checkbox"/>
(South <input type="checkbox"/>	

<i>Please Respond Based on your Experience this Past Licensing Year</i>							Comments or Suggestions (Please Explain Low Ratings:)
1.) This foster family provides good physical standard, including housekeeping, diet, personal hygiene & health care.							
2.) Foster parents provide good social & intellectual stimulation for foster children.							
3.) Foster parent provide emotional care & support to foster children.							
4.) Foster family provided reasonable & acceptable discipline for foster children.							
5.) Foster family works cooperatively with Department.							
6.) Foster parent initiate contact with counselor appropriately.							
7.) Foster parent know how to reach me and the department staff in case of emergency.							
8.) Foster parents have participated in & agree with case plan.							
9.) Foster children were provided appropriate clothing?							
10.) Clothing allowance was spent appropriate.							
11.) Foster parents provided child with allowance appropriate for age of child.							
12.) Foster parents sent all personal belonging & clothing when children left placement.							

239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida, Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.

The CBC division of Camelot Community Care, Inc.

13.) Foster parent tracked medication for children in their homes.							
14.) Foster parent transported children to medical appointments, visitations, and any other requested appointments.							
15.) Foster parent supported school activities of foster child.							

(Please write further comments on back)

16.) Do you know how they discipline the children? Have you any concerns regarding discipline and/or rearing practices? Are you aware of any reports or criticism from the children, their biological family, schools or others in the community?

17.) From your personal experience, do you feel this family:

A. Is overpopulated? _____

B. Would be more appropriate for a different sex or age child? Please explain. _____

C. Has shown capacity to handle certain types of children/problems. _____

18.) Have you any other comments regarding strengths and weaknesses observed, or any suggestion regarding the future development and use of this home? Include, if indicated, need for additional training, support, resources, referrals, etc. _____

Additional Comments: _____

Counselor Completing Form

Date

Unit #