

**FAMILY FOSTER HOME
INVESTIGATIVE SUMMARY**

DATE:

FAC SIS#:

Foster Care Worker:

Foster Care Supervisor:

Investigator:

Third Party:

Date of Third Party:

Rule Violation:

Date of Rule Violation:

This Rule Violation is the result of a Third Party:

Child on Child Incident:

DATES & INFORMATION PERTAINING TO THE THIRD PARTY AND/OR RULE VIOLATION:

Date of Intake Report:

Date of Agency's Commencement of Investigation:

Date Investigation was Completed:

Date Agency met with Foster Family:

Name of Foster Caregiver:

Address:

Phone:

Name and Date of Birth of Adopted/Foster Child(ren) Involved:

1. ACV:
2. ACV:
3. ACV:
4. ACV:

Date of Birth:
Date of Birth:
Date of Birth:
Date of Birth:

Others in the home:

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Allegation:

Summary of All Investigation Interviews for Third Party and/or Rule Violation:

Support Provided the Foster Parent during the Investigation (i.e. phone contact, counseling, respite care, home visits, day care, etc.):

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Findings of Investigation

Third Party Substantiated
Third Party Unsubstantiated

Date of Finding:

Rule Violation Substantiated
Rule Violation Unsubstantiated

Date of Finding:

Other:

Specific Rule(s) Violated:

Rationale for Decision:

Corrective Action Plan:

1. _____ by _____
2. _____ by _____
3. _____ by _____

Summary of Past Rule, Training and Third Party Violations

Date of Violation	Type of Violation	Specific Rule Violated	Results

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Agency Recommendation Regarding Status of Family Foster Home Certificate:

Continue Certificate

Voluntary Withdrawal

Will Recertify

Resolution Pending

Certificate Expired, Caregiver Did Not Reapply

Recommendation to Revoke or Deny (Please Submit ODHS 1317 with all supporting evidence directly to the Bureau of Licensing)

Home on Hold until Corrective Action Plan completed

Signature: _____ Date: _____
Foster Care Worker

Signature: _____ Date: _____
Foster Care Supervisor

Signature: _____ Date: _____
Coordinator

USE OF THIS FORM IS MANDATED BY RULE. FAILURE TO USE THIS FORM WILL DELAY OR NEGATE ANY ACTION RECOMMENDED.