

LCCS Compliance Checklist

CASE NAME	CASEWORKER	COMPLIANCE DATE
SACWIS PROVIDER CASE ID	SUPERVISOR	<input type="checkbox"/> Foster Only <input type="checkbox"/> Dual (<i>Foster/Adopt</i>)
Criminal Records Checks (LCCS 6551)		
<input type="checkbox"/> Provider #1	_____	<input type="checkbox"/> Backup #1
<input type="checkbox"/> Provider #2	_____	<input type="checkbox"/> Backup #2
<input type="checkbox"/> Other Adult	_____	<input type="checkbox"/> Out of County Record Check
<input type="checkbox"/> Other Adult	_____	<input type="checkbox"/> JIS Clearing Children 10 and Older
Fingerprint Requirements (FBI/BCI Checks)		
<input type="checkbox"/> Provider #1	_____	<input type="checkbox"/> Other Adult
<input type="checkbox"/> Provider #2	_____	<input type="checkbox"/> Backup #1
<input type="checkbox"/> Other Adult	_____	<input type="checkbox"/> Backup #2
AP Search Letters		
<input type="checkbox"/> Provider #1	_____	<input type="checkbox"/> Other Adult
<input type="checkbox"/> Provider #2	_____	<input type="checkbox"/> Other Adult
National Sex Offender Registry Search		
<input type="checkbox"/> Provider #1	_____	<input type="checkbox"/> Other Adult
<input type="checkbox"/> Provider #2	_____	<input type="checkbox"/> Backup #1
<input type="checkbox"/> Other Adult	_____	<input type="checkbox"/> Backup #2
<input type="checkbox"/> Check includes all states <i>(if not included, this must be re-ran)</i>	_____	
Assessment		
<input type="checkbox"/> LCCS 8777 – Annual Assessment by Foster Family		_____
<input type="checkbox"/> Interview with foster parents and all biological and adopted children (<i>must include statement from the child regarding how they feel about parents fostering and adopting</i>)		_____
Safety		
<input type="checkbox"/> ODJFS 1348 – Safety Audit	_____	<input type="checkbox"/> Copy of Driver's License (#2)
<input type="checkbox"/> Well-Water Inspection	_____	<input type="checkbox"/> Copy of Dog License
<input type="checkbox"/> Pet Immunization Record	_____	<input type="checkbox"/> LCCS 9087 – Foster/Adoptive Parent Compliances
<input type="checkbox"/> Copy of Driver's License (#1)	_____	<input type="checkbox"/> Proof of Insurance
Training Requirements/ITNA		
<input type="checkbox"/> Provider #1 Training Record	_____	<input type="checkbox"/> Provider #2 Training Record
<input type="checkbox"/> Provider #1 ITNA	_____	<input type="checkbox"/> Provider #2 ITNA
<input type="checkbox"/> Provider #1 Training Plan	_____	<input type="checkbox"/> Provider #2 Training Plan
<input type="checkbox"/> Provider #1 CPR	_____	<input type="checkbox"/> Provider #2 CPR
<input type="checkbox"/> Provider #1 First Aid	_____	<input type="checkbox"/> Provider #2 First Aid
<input type="checkbox"/> Provider #1 Treatment De-escalation	_____	<input type="checkbox"/> Provider #2 Treatment De-escalation
SACWIS		
<input type="checkbox"/> Document in SACWIS Activity Log (<i>attach copy of case note</i>)		_____
Notes:		