

CYFD • FAMILY SERVICES • CBHSB • LCA
TREATMENT FOSTER PARENTS - RECORD REVIEW [ref 7.20.11 NMAC, 3/29/02] form v.7/12/2004

Agency: _____ Date: _____ TFP Name: _____ DOH: _____
 CI #1: _____ Pl. Date: _____ | CI #2: _____ Pl. Date: _____
 CI #3: _____ Pl. Date: _____ | 1st Pl. Date: _____ Reviewer (init): _____

ref. 7.20.11.29 Treatment Foster Care Services	C	P	D	N A	N R
29.B (9) (p. 35) Treatment Parent Qualifications/Requirements: Prior to hire, agency documents that each TFP (incl. for tx leave), meets and conforms to Lic. Requirements for TFC					
(a) valid TFP license (prev. foster care lic. surrendered) <i>incl.</i> <input type="checkbox"/> CRC; <input type="checkbox"/> Home Study. <i>Lic exp:</i>					
(b) Have signed a release of information for substantiated complaints of abuse/neglect pertaining to TFP family					
(c) Have signed a release for prior TFC/foster home and prior treatment foster home records					
(e) Have <input type="checkbox"/> access to reliable transportation; <input type="checkbox"/> valid New Mexico driver's license <input type="checkbox"/> liability insurance;					
(g) Prior to hiring/contracting w/TFP, <input type="checkbox"/> agency requests/reviews above reports/records, if any; determines that hx does not disqualify TFP. <input type="checkbox"/> Agency will inquire about previous TFC/foster care experience of applicants.					
29.B (10) Training (may include modalities other than didactic instruction) is <input type="checkbox"/> consistent with the program's treatment philosophy/methods; <input type="checkbox"/> equips TFP with the skills to carry out responsibilities as agents of tx.					
Prospective TFPs provided with written list of duties prior to their approval by the program.					
The written professional development plan is placed in TFP record.					
(a) Each TFP receives <input type="checkbox"/> 40 hrs of training; <input type="checkbox"/> min. 30 hrs completed prior to placement.					
Any remaining hours are completed within two months of first placement. <i>Date complete:</i>					
The training, at a minimum, includes:					
(i) First aid (certified instructor; before receiving a client for placement) Date: Hours: <input type="checkbox"/> exempt*					
CPR (certified instructor; before receiving a client for placement) Date: Hours: <input type="checkbox"/> exempt*					
(ii) Child and adolescent development; Date: Hours: <input type="checkbox"/> exempt*					
(iii) Behavioral management; Date: Hours: <input type="checkbox"/> exempt*					
(iv) Prevention/de-escalation of aggressive bx; use of therapeutic holds; Date: Hours: <input type="checkbox"/> exempt*					
(v) Crisis management/intervention; Date: Hours: <input type="checkbox"/> exempt*					
(vi) Grief and loss issues for client(s) in foster care; Date: Hours: <input type="checkbox"/> exempt*					
(vii) Cultural competence and culturally responsive services; Date: Hours: <input type="checkbox"/> exempt*					
(viii) Specific agency policies and procedures incl. documentation, Date: Hours: <input type="checkbox"/> exempt*					
(ix) <input type="checkbox"/> Recognition of abuse/neglect sx, <input type="checkbox"/> reporting requirements; Date: Hours: <input type="checkbox"/> exempt*					
(x) Side-effects of psychotropic medication; Date: Hours: <input type="checkbox"/> exempt*					
(xi) Role of treatment foster parent in treatment planning. Date: Hours: <input type="checkbox"/> exempt*					
* (b) TFPs who can provide verifiable doc. of prev. training may be exempted if staff & clin. supv. agree in writing which specific training is equivalent/not req'd. (Does not apply to training re agency policies and procedures.)					
(c) <input type="checkbox"/> 24 hrs of inservice training required annually after receiving a client for placement. (may include:)					
(i) Up to 4 hours of video when supplemented by discussion in a classroom or clinical training setting.					
(ii) Up to 4 hours of supplemental reading, when supplemented by discussion in classroom /clinical training setting.					
(11) TFPs <input type="checkbox"/> work with the treatment team and with agency supervision to develop and implement the treatment plan; <input type="checkbox"/> provide front-line treatment interventions.					
(a) TFPs <input type="checkbox"/> actively participate in the tx planning process; <input type="checkbox"/> implement specified provisions of the plan.					
(e) TFPs systematically record info; document client bx/activities & significant events related to tx plan.					
Documentation occurs on a weekly basis at a min.; more often in response to occurrence of significant events.					
(f) Agency Contact: TFPs keep the agency informed of the occurrence of significant events.					
(g) Confidentiality: TFPs maintain agency standards of confidentiality.					
(h) Incident Reporting: TFPs report all serious incidents per agency policy and Cert. Requirements.					

Key: C: Compliant or substantially compliant in this record. **P: Partially** compliant and partially non-compliant in this record. **D: Significant Deficiency** noted. **N/A:** This standard **not applicable** to this record. **N/R:** Standard **not reviewed/evaluated** in this record. Use "X" to indicate item missing/deficient; "T" if present. Check here if add'l info is noted on back of sheet.

