



Division of Children and Family Services
GARLAND COUNTY- DIVISION OF CHILDREN AND
FAMILY SERVICES

115 Stover Street - Hot Springs, AR 71913
501-321-2583 - Fax 501-627-0992 - TDD: 501-662-1443

February 22, 2016

John and Melanie Stogsdill
208 Waikiki Dr
Hot Springs, AR 71913

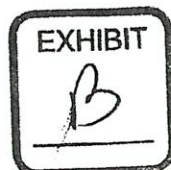
RE: Foster Home Closure

Dear Mr. and Mrs. Stogsdill,

The purpose of this letter is to notify you that as per your request of 2/18/2016, your foster home services have been closed through the Division of Children and Family Services. Thank you for your service as foster parents and well wishes for future endeavors.

Respectfully,


Theresa Garner
Resource Worker- Area 3



humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting better lives

Outdoor Play Equipment: I will ensure that the outdoor play equipment is safe, hazard free, and properly anchored. I will also supervise the foster children whenever they are playing on the equipment. Additional safety features may be required upon inspection or request.

_____	_____	_____
Print	Sign	Date

_____	_____	_____
Print	Sign	Date

Other Plans Needed: _____

_____	_____	_____
Print	Sign	Date

_____	_____	_____
Print	Sign	Date

The safety plan will be monitored and updated by the Resource Worker:

☒ When completing quarterly visits

☐ When completing yearly re-evaluations

☐ Other: _____

Cathleen Armstrong
Print (Resource Worker)

Cathleen Armstrong
Sign

10-26-17
Date

Area 3 Foster Home Safety Plans

Above Ground Swimming Pool Safety Plan Agreement I agree to keep the ladder away from the above ground swimming pool when the pool is not in use. I also agree to supervise the foster children when they are using the pool. Additional safety features may be required upon inspection and or request.

Print _____	Sign _____	Date _____
Print _____	Sign _____	Date _____

Fireplace Safety Plan Agreement I agree that we will not use our fireplace and or heating until before placing a folded glass or metal screen in front of it. I will not use the metal curtain type screen. Additional safety features may be required upon inspection or request.

Print _____	Sign _____	Date _____
Print _____	Sign _____	Date _____

Trampoline Safety Plan Agreement I agree to teach foster children how to correctly use the trampoline. I will supervise the children whenever the children are using the trampoline. I agree that I will follow the product recommendation on the trampoline. The trampoline will be used according to the manufactures intent and guidelines. Additional safety features may be required upon inspection or request.

Print _____	Sign _____	Date _____
Print _____	Sign _____	Date _____

Chemical Safety Plan Agreement I will keep all chemicals locked up at all times. After use of the chemicals I will return them immediately to the designated area and ensure it locked up. Additional safety features may be required upon inspection or request.

Print <u>John Staschill</u>	Sign <u>[Signature]</u>	Date <u>10-26-17</u>
Print <u>Melanie Staschill</u>	Sign <u>[Signature]</u>	Date <u>10-26-17</u>

RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? ☐ Yes ☐ No

Cathleen Armstrong
Name

10/26/17
Date

Cathleen Armstrong
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training? ☐ Yes ☐ No

Name

Date

Signature

Date submitted to MidSOUTH: _____

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	IN CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	IN CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AS CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED	10-01-11	10-06-11	10-18-11	10-18-11	10-17-11		
RECEIVED	10-06-11	10-06-11	10-18-11	10-18-11	10-17-11		
RESULTS	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AS CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED	10-19-11	10-19-11	10-16-11	10-18-11	10-17-11		
RECEIVED	10-20-11	10-19-11	10-17-11	10-18-11	10-17-11		
RESULTS	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	IN CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)
SUBMITTED	10/19/2017	10/18/2017	10/18/2017	10/18/2017	10/18/2017	
RECEIVED	10/20/2017	10/19/2017	10/19/2017	10/19/2017	10/19/2017	
RESULTS	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS	
	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	IN CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)
SUBMITTED	10/19/2017	10/18/2017	10/18/2017	10/18/2017	10/18/2017	
RECEIVED	10/20/2017	10/19/2017	10/19/2017	10/19/2017	10/19/2017	
RESULTS	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

EXHIBIT
A

Corrective Actions Achieved/Safeguard Measures Implemented & Approved? ☐ Yes ☐ No

Michael Stogdill
Applicant Signature

10/26/17
Date

Me1stogdill@yahoo.com
Applicant Email Address

John Stogdill
Joint Applicant Signature

10-26-17
Date

stogdilljohn@yahoo.com
Joint Applicant Email Address

Cathleen Armstrong
Resource Worker/Adoption Specialist Name

10-26-17
Date

Cathleen Armstrong
Signature