

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

H5 Stover Street - Hat Springs, AR 71913 501-321-2583 - Fax 561-627-0992 - TDD; 501-682-14-2

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 losts, none services have been closed through the Division of Children and Family Service. Trank 12/1979 your service as foster parents and well wishes for future endeavors.

Respectfully,

Thefesa Garner

Resource Worker- Area 3

EXHIBIT

humanservices.arkansas.gov
Protecting the vulnerable, fostering independence and promoting betts (4)

Outdoor Play Equipment: I will ensue 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
When co	itored and updated by the Resource Worker impleting quarterly visits impleting yearly re-evaluations	: :
	mpreting yearly to evaluations	
Cath leen Arm	stray Catilles Chies	/67.677 Date

#### Area 3 Foster Home Safety Plans

Above Ground Swimming Pool Safety Plan Agreement | 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 | 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

# Resource Worker/Adoption Specialist recommends approval of applicants to attend training? | Yes | No | Name | Date | Area Director/Adoption Supervisor/Designee approves applicants to attend training? | Yes | No | Name | Date | Date | No

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.

	7717 41814						
DATES	CHIMINAL	CRIMINAL RECORD CHECK	VEHICLE SAFETY PROGRAM	PROGRAM	CEN	CENTRAL REGISTRY CHECKS	HECKS
(www/db/mm)	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AA CHUD THEATHAID	DUI OF STATE CHILD MALTREATMENT	ABSENCE OF CHIMINAL RECORD FOR YOUTH 19-17
SUBMITTED	• 10 0	!					
RECEIVED						The state of	
RESULTS	Approved	Approved	☐ Approved	Approved	- Approved	□ Approved	Approved .
	Deapproved	Davoiddevig [	□ thrapproved	Dr. approved	Окарриоус	Disapproved	П Опаррилей
	CRIMINAL I	CRIMINAL RECORD CHECK	VEHICLE SAFETY PROGRAM	PROGRAM	787	BAI BEGISTER C	
(mm/dd/yyyy)	NON-STATE CRIMINAL	STATE	L dSA	VSP 2	AR CHILD MAALTIEATMENT	ONI OF STATE ONLD CAN MAITREATMENT FOR	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED							
RECEIVED			3				
RESULTS	☐ Anjaovett	Approved	☐ Approved	Approved	Approved	Approved	☐ Approved
	Dosapproved	Disapproved	Вісаррі вмей	Disappioned	Disapproved	Disapproved	Doupproved



	CRIMINAL RI	CRIMINAL RECORD CHECK	VEHICLE SAFETY PROGRAM	ROGRAM		CENTRAL REGISTRY CHECKS	ECKS
DATES (mm/dd/yyyy)	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	WATERCAINER	CHILD MALTREATMENT (if applicable)	CRIMINAL RECORD FOR YOUTH 10-17
SUBMITTED	(A)						
RECEIVED					2 · · / · · /	21	
RESULTS	Approved	Approved	Approved	D. Approved	ф Арргочео	□ Approved	Approved
	Desapproved	Disapproved	☐ Disapproved	Daupproved	Chappioned	Disapproved	Compliance

		COST CHECK	VEHICLE SAFETY PROGRAM	ROGRAM	CENT	CENTRAL REGISTRY CHECKS	ECIS
DATES	CRIMINAL K	CRIMINAL RECORD CHECK	4		MATHEATMENT	OUT OF STATE	ABSENCE OF CRIMINAL RECORD
(mm/dd/yyyy)	CRIMINAL	STATE	VSP 1	7.450		(il application)	FOR YOUTH 10-17
SUBMITTED			0.7				
RECEIVED				**		A.	1.0
RESULTS	Approved	Approved	☐ Approved	Approved	. Approved	П Арриочев	□ Auproved
	Deapproved	Он арргомей	□ Disapproved	Disapproved	Disupproved	Disappliqued	☐ Disapproved
				-			

### CFS-446 (R. 02/2016)

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

DATES	CRIMINAL B	CRIMINAL RECORD CHECK	VEHICLE SAFETY PROGRAM	Y PROGRAM	OZONIA NEDO	SACOTA MALE
(mm/dd/yyyy)	NON-STATE CRIMINAL	STATE	1 dSA	VSP 2	AN CORP OUT OF STATE  MAATRICATINGSHT OHID  MAATRICATINGS  MAATRICATINGS  (if sociolobic)	OUT OF STATE OHLD MAITREATHENT HI SOOKCASHE
SUBMITTED	10 19 2017	10.18.2017	10/18/2017	10-18-2017	10:182 81:01	
RECEIVED	10.20.2017	10/19/2017	10 15-2017	10 14:2017	10 19 2017	
RESULTS		Approved		Approved		☐ Approved
Paris could	□ Sisapproved	Drapproved	Disapproved	Desapproved	□ Usupproved	[]:Sapproved
		A	75 D			
DATES	CRIMINAL R	CRIMINAL RECORD CHECK	VEHICLE SAFETY PROGRAM	V PROGRAM	CENTRAL REGISTRY CHECKS	STRY CHECKS
(אאא/pp/wiu)	NON-STATE CRIMINAL	STATE	VSP 1	VSP 2	AR CHILD MAÇTRICATMENT	OUT OF STATE CHILD MALTREATMENT (H applicable)
SUBMITTED	10 19:2017	16-18-2017	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	Approved	Approved	Approved	Approved	Approved	☐ Approved
	Disapproved	Dr.approved	Disapproved	Cosapproved	Drapproved	Disapproved



Corrective Actions Achieved/Safeguard Measur	es Implemented & Appro	ved? Yes No
Applicant Signature	10/210/17 Date	Ne Stoc Schill Conthos Com Applicant Email Address
Joint Applicant Signature	102-26-17 Date	Stage Lill John Eye hoo . Com Joint Applicant Email Address
Resource Worker/Adoption Specialist Name	Date	Signature (La Contraction of the