



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

Dear

Date:

I am happy to inform you that your recruitment and certification (R&C) worker, \_\_\_\_\_, made a recommendation for continued approval as a \_\_\_\_\_ foster home. Your family has completed the annual training and background requirements for continued compliance with our foster care program. Please continue to complete a minimum of ten (10) hours of annual training to maintain approval status. The next annual review date for your training and background checks will be in \_\_\_\_\_.

The re-certification process for your foster home will occur every three years. Your next re-certification date will occur in \_\_\_\_\_.

The mandatory training is required to be completed by \_\_\_\_\_ to maintain your home as an approved status (*these count toward the 10 hours of training mentioned above*):

Trauma Informed Care twelve (12) hours;

Sexual Abuse four (4) hours;

Behavioral Management and Skill Development seven (7) hours; Session I is a web-based training;

Psychotropic Medications one (1) hour – web-based training;

Effective Communication and Maintaining Connections two (2) hours – web-based training; and

Court, Advocacy, Support, and Self-Care four (4) hours.

Foster parents are a vital part of our efforts to help families and children in need. We thank you for your continued partnership with our foster care program.

Sincerely,

R&C supervisor

Enclosure: DPP-154

CC: Foster Parent File, CBW, Billing Specialist