FCL 410
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KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division
555 South Kansas Ave. ● 2nd Floor ● Topeka, KS 66603
Fax 785-296-5937
Website: http://FosterLicensing.dcf.ks.gov

License #_____

Licensed Family Foster Home
Report of Directed Readings or Approved Video Viewing

_____ _____ _____
Foster Parent's Name (First, MI, Last) FFH License Number Date of Reading/ Video Viewing

_____
Title of the Book/Video Tape Author of the Book/Video Tape

_____ _____ _____
Publisher of the Book/Video Tape Copyright Date Number of Pages (book) or Hours/Minutes (video)

_____
Subject of the book/video tape (Child development or parenting issues such as: nutrition, brain development, health and safety, discipline, communication, adolescents, etc.)

*Evaluate the book/video tape (*Check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please answer the following questions on the reverse side of this form and an additional page as necessary:

1. Summarize the book or video tape in 25 words or less.
2. Describe three or more significant observations included in the book or video that pertain to foster parenting. Please include mention of how each pertain to foster parenting.
3. Please discuss the significant observations included in the book or video which you can use in your foster home. How will these help you increase your skill and foster parenting ability?
4. If this book or video did not provide information which you can use, what were you hoping it would provide? [Why did you choose this book/video?]

Approved for _____ clock hours.

_____ _____
(Foster Parent's Signature) (Date) (Sponsoring CPA Name)

_____ By_____
(Name of Family Foster Home) **as it appears on the license** (CPA Family Foster Home Licensing Social Worker)
(Date)

_____ _____
(Address of Family Foster Home) (County) (Telephone Number of CPA Social Worker)

_____
(Telephone Number of Family Foster Home)