



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-20-0011

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Libby Slattin LCSW PA			
Address:	550 S Main Street			
City:	Malvern	State:	AL	Zip Code: 72104
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input checked="" type="checkbox"/> Women-Owned
	AR Certification #: <u>N/A</u>		* See Minority and Women-Owned Business Policy	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Elizabeth Slattin	Title:	owner
Phone:	(501) 732-6779	Alternate Phone:	(501) 229-1515
Email:	libbyslattinlcsw@gmail.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will <u>not</u> boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Elizabeth Slattin Title: owner
Use Ink Only.

Printed/Typed Name: Elizabeth Slattin Date: 01/20/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Libby Slatten LCSW PA	Date:	01/20/2020
Authorized Signature:	Elizabeth Slatten	Title:	owner
Print/Type Name:	Elizabeth Slatten		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Libby Slotton LCSW PA	Date:	01/20/20
Authorized Signature:	Elizabeth Slotton	Title:	owner
Print/Type Name:	Elizabeth Slotton		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Lobby Slotton LCSW PA	Date:	01/20/20
Authorized Signature:	Elizabeth Slotton	Title:	owner
Print/Type Name:	Elizabeth Slotton		

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Tisha Jenkins, LCSW	14475 Hwy 9	Malvern AR 72104

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Libby Statton, LCSW PA	Date:	01/20/20
Authorized Signature:	Elizabeth Statton	Title:	owner
Print/Type Name:	Elizabeth Statton		

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: January 3, 2020
SUBJECT: 710-20-0011 Home Studies

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid submission/opening date and time
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4 – Performance Bonding. This is no longer required.

4.5 PERFORMANCE BONDING

A. The Contractor ~~shall~~ be required to obtain performance bonds to protect the State's interest as follows:

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

B. The Contractor ~~shall~~ submit documentation to the satisfaction of the State that a performance bond has

been obtained. The contractor ~~shall~~ notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-ugdah@dhs.arkansas.gov or 501-682-8743.

Elizabeth Slatton
Vendor Signature

01/20/20
Date

Libby Slatton, LCSW PA
Company

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME: _____

Yes No

TAXPAYER ID NAME: Libby Slatten Lesw PA IS THIS FOR: Goods? Services? Both?
 YOUR LAST NAME: Slatten FIRST NAME: Elizabeth M.I.: A
 ADDRESS: 550 S Main Street
 CITY: Malvern STATE: AR ZIP CODE: 72104 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Position of Control
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Elizabeth Slatten Title owner Date 01/20/2010
Vendor Contact Person Elizabeth Slatten Title owner Phone No. (501) 732-6779

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Agency Contact Phone No. _____ Contract or Grant No. _____



Libby Slatton, LCSW PA
Mental & Behavioral Health Services

550 South Main Street
Malvern, AR 72104
(501) 732-6779

EEO POLICY

This employer provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protected by state or federal law.

In addition, this policy of equal opportunities applies to all terms and conditions of employment. This includes, but is not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, and leaves of absence, compensation and training.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY
AREA(S)**

- *Please Check each area in which you are willing to provide the service.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

- AREA 1
- AREA 2
- AREA 3
- AREA 4
- AREA 5
- AREA 6
- AREA 7
- AREA 8
- AREA 9
- AREA 10

Documentation of Social Work Licenses



Arkansas Social Work License Card

License No.

5663-C

Expiration Date:

6/30/2020

Elizabeth Anne Slatton, LCSW

102 Raintree Court

Hot Springs AR 71901

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Sigh [unclear] [unclear]".

Chairman

Libby Slatton, LCSW (Owner)

License 5663-C Exp. 06/30/2020



Arkansas Social Work License Card

License No.

4482-C

Expiration Date:

10/31/2020

Tisha R. Jenkins, LCSW

14475 Hwy 9

Malvern AR 72104

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Sigh [unclear] [unclear]".

Chairman

Tisha Jenkins, LCSW (Subcontractor)

License 4482-C Exp. 10/31/2020

Information for Evaluation

B. Social Work Experience

My career in social work began in 1994 when I was placed as a Family Service Worker Intern for Hot Spring County Division of Children and Family Services. I was a stipend student and after graduation with my Bachelor's Degree in Human Services, I was placed in a Family Service Worker position for Garland County Children and Family Services. In this position, I primarily worked in the Investigative Unit and held a foster care caseload. I was required to attend court on a weekly basis and keep adequate documentation on my clients. After leaving this position, I went to work for MidSOUTH Training Academy as a trainer for twelve years. During this time, I provided training and home studies to foster and adoptive parents. I developed and presented continuing education trainings for Area III and Area IV foster and adoptive parents. I also had the opportunity to speak at the National Foster Parent Conference twice during this position. While I was a trainer, I also became a kinship provider for my nephew. Due to his past trauma and being a relative placement, this was challenging, but also rewarding. I believe it has given me insight into the struggles that relatives often face and has made me more skilled in my ability to be supportive of them.

After leaving my training position in 2010, I obtained employment with Community Counseling as a school based therapist. I worked in the alternative setting with children that had severe behavioral challenges. I had to assess, diagnose and treat my patients. I also worked closely with parents on learning skills to manage their child's behaviors. I was in this position for five years prior to entering private practice. I have been in private practice since 2015. During this time, I have had the opportunity to provide mental health counseling to adults that are adoptees. I have also continued learning more about trauma and its impact on child development and share this information with foster and adoptive parents through continuing educations to The Call in Saline and Garland Counties, and local DCFS employees.

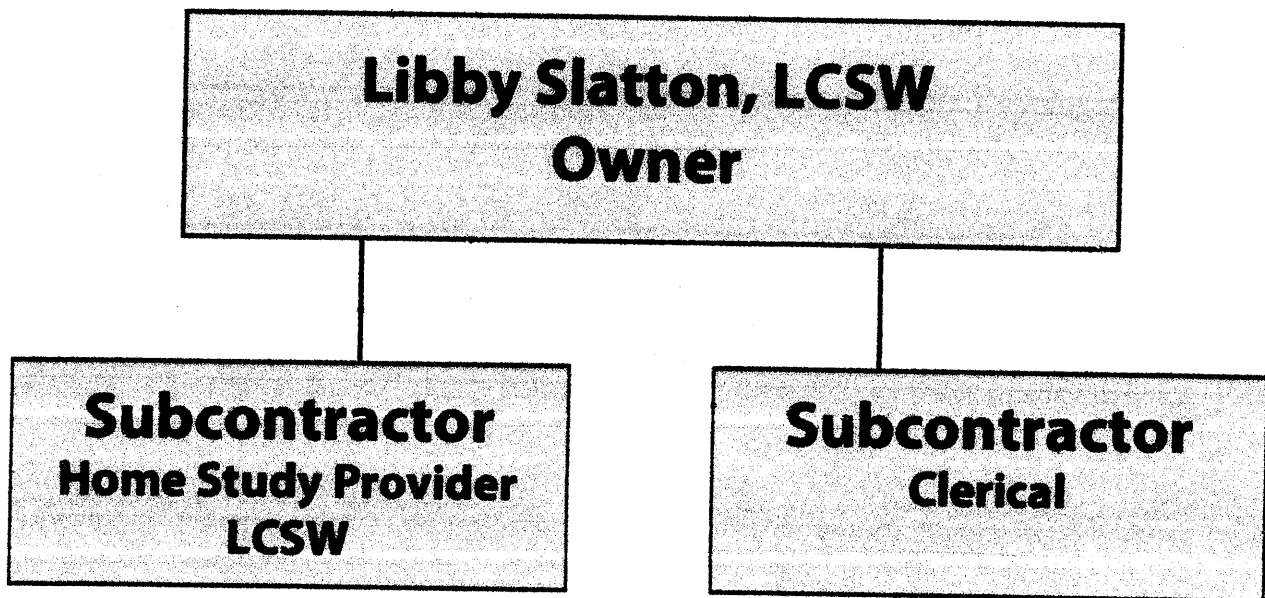
We adopted our daughter, Anna Kate in 2011 through Arkansas Department of Human Services. She had been in multiple placements and had severe behavioral issues. It has been challenging, however perseverance has paid off. She is thriving. In 2015, I was awarded the contracts to do the adoption home studies for Area III, The CALL home studies in Saline and Garland Counties and the adoption summaries. This has been a very rewarding experience. I have had the opportunity to share resources and provide hope to families that are struggling. It is more than completing a document, it is about educating families and making recommendations that can help them have a successful placement.

Throughout my child welfare experience, whether it be professional or personal, I have recognized the importance of thorough documentation. When I complete an adoption summary, I recognize it is important to look objectively at the child's past and recognize it is not the recipe for the future. I have recently visited several families that were frustrated they have not been matched with a child. We looked at their preferences and assessed their expectations and their understanding of medical and emotional challenges. I spent time educating and providing resources for them to look at while they are waiting for a placement. I feel my experience as a Family Service Worker, trainer, kinship provider, therapist and adoptive parent has given me a well-rounded perspective that helps me connect with families.



Libby Slatton, LCSW PA
Mental & Behavioral Health Services

Organizational Chart



Dennis P. Berry
113 Crews Lane
Pearcy, Arkansas, 71964
(501) 590-3290

January 16, 2020

Arkansas Department of Human Services
700 Main St.
Little Rock, AR 72201

Dear DHS,

I would like to provide you my recommendation of Mrs. Libby Slatton, LCSW to provide home study services for the State of Arkansas.

My experience with DHS, DCFS and the child welfare system in Arkansas dates back to 2008 when my family and I became a foster family in Lonoke County. We fostered for 3 years, then moved out of state. When we moved back to Arkansas we immediately reopened our home. We were opened through The CALL both times. I am a PRIDE Trainer for The CALL. I have trained/assisted every new foster home recruited by The CALL in Garland and Hot Spring Counties through the training and approval process since 2015. I am a speaker for The CALL and partner with the DCFS to provide presentations to churches, civic groups and other organizations on the ongoing need for an increase in foster homes. I have been a member of the statewide board of The CALL for 3 years, and am currently serving as the Chairman of the Board of The CALL. I interact with foster families, DCFS team members on the state and local level, and many other contract providers for the state in many areas of the state.

I have known Mrs. Slatton for several years. Mrs. Slatton completed the home study on my family as we re-opened our home for foster care. Her leadership and compassion makes her a valuable partner of DCFS. She has the ability to partner with families from any background and is able to provide the state a thorough and in-depth report on the home. She is willing to, and often assists in situations where timing is critical. She is very professional and punctual as she meets deadlines. I believe her process and work product provides the level of understanding needed to assist DCFS when considering new safe and nurturing foster and adoptive homes.

One of our recent foster care cases led to termination of parental rights. Mrs. Slatton was very prompt and timely as she took on the task of completing the adoption summary on the children. She spent as much time with the children as needed so she could completely understand the situation and needs of each of the children individually. This adoption summary was thorough, personal and compelling for possible matches.

I highly recommend Mrs. Slatton for work with DHS and DCFS. She has the resources, knowledge and experience to exceed expectations, while maintaining effective relationships in this difficult arena of child welfare services.

Please contact me at 501-590-3290 with any questions or if you would like more detailed information.

Sincerely,


Dennis P. Berry



501-332-5236

1615 MLK Blvd. | Malvern, AR 72104

7 January 2020

To Whom It May Concern:

This letter is in reference to Libby Slatton and her outstanding work in foster care, adoption and overall work with children and families. Libby Slatton has been a previous coworker, colleague and personal friend for approximately 12 years. She is a great clinician and shows her colors as a social worker through her passion for the family system. She has a complete understanding of the legal, social and economic aspects of adoption and foster care. I have known her to be dedicated and passionate about helping foster families and the adoption process. I have gone to her for advice as I was personally in the adoption process and have known of her work with foster families. She is well versed in the struggles families face in the foster care system and can understand the side of reunification as well as termination. She is well informed and amazing in her ability to help families to problem solve and explore different ways to manage the process.

Libby shines brightly when she talks about foster care and adoption. She is not afraid of a challenge and has helped multiple families who have been confused or worried about being foster or adoptive parents. She finds a way to help them find their strengths as a family and work through obstacles. She is easy to approach for families and provides informative but very easy to understand tools and strategies to build forever families. She provides fair and accurate evaluations of foster and adoptive families and is always seeking to ensure the best outcomes for those involved.

It is with great pleasure that I offer my recommendation for Libby Slatton. She is an amazing person, clinician and overall advocate and resource for foster care and adoption.

If you have questions, please feel free to contact me on my personal cell 501-413-1610. You may also email me at michellek@obhaw.org

Sincerely,

A handwritten signature in black ink that reads "Michelle R. Kveum". The signature is written in a cursive, flowing style.

Michelle R. Kveum

Associate Clinical Director

Theresa A. Broom
2701 Valley Forge Drive
Benton, AR 72015
theresa.broom@yahoo.com

Re: Mrs. Libby Slatton, LCSW, PA

I have known Mrs. Slatton for twenty years. I met her through a MidSouth training class for foster and adoptive families in 1998. Mrs. Slatton was very professional and had high expectations for her families in the area of homework, team work, and creating a support network. Mrs. Slatton's knowledge of procedures, strategies, and laws was impressive. She was able to provide scenarios and case studies to assist families with empathy for children's situations and provide strategies to diffuse those situations. Her counseling insight and teaching were invaluable tools for foster families.

I had the pleasure of having Mrs. Slatton perform a home study for one of my adoptions. Again, her professional demeanor and ability to assess a home, individual, and family were impeccable. Mrs. Slatton has an innate ability to address difficult questions without expressing judgment. She possesses the same ability to see potential dangers and red-flags. Mrs. Slatton always has the child's best interest in mind which is paramount.

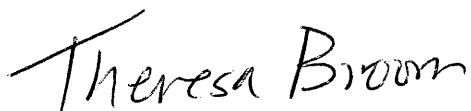
Mrs. Slatton is an excellent problem-solver and resourceful individual. She is always willing to share information that may help families and children get the assistance they need or desire. Mrs. Slatton's own personal experience with adoption allows her to be empathetic when resources are needed.

Mrs. Slatton is a genuine advocate for children. Her ability to be objective and nonjudgmental are essential in her work. Mrs. Slatton continues to educate herself on topics that are relevant to fostering, adoption, trauma, and new methods to assist in her counseling practice.

Mrs. Slatton's continued education goals, career, and experience with counseling are all centered around meeting the needs of children. Mrs. Slatton would be an asset in any position advocating for children and families.


Theresa Broom

Educator, MSE, Reading Diagnostician


(501) 840-6401

Vendor: Libby Slatton, LCSW PA

Owner: Elizabeth Slatton, LCSW

Date: January 20, 2020

Information for Evaluation

E.1. MINIMUM QUALIFICATIONS

E. The majority of families are unavailable during normal business hours. Prior to hiring, I assess a subcontractor's ability to be flexible. Fortunately, my subcontractor is able to offer a lot of her time and completes things quickly while maintaining the integrity of her work. My subcontractor and I both have the flexibility to work nights and weekends.

F. My subcontractor and I have a great amount of flexibility in our jobs. Therefore, we have been able to manage the workload easily and have a short turnaround. However, if we have an influx of home studies assigned, I have access to two additional SAFE trained licensed clinical social workers that are willing to help as needed. I also keep in communication with DCFS and they let me know about upcoming CALL trainings and the number of families registered so I can plan my schedule accordingly.

E.2. APPROACH TO SCOPE OF WORK

A. Due to my experiences in child welfare and being an adoptive parent myself, I know that there are many factors that are important to having a successful placement. I approach the family in a non-intimidating way and encourage them to share any questions or concerns they might have. During the interview process, I will ask questions that support the SAFE Home Study format including their personal history, the support they have, their willingness to adapt and the general characteristics of their home. I often spend time talking about behavioral challenges with them and how they might potentially respond. My subcontractor and I are both trained in assessment and we ask questions to assess whether there are potential barriers that could become problematic if a child is placed in the home. I also draw upon the strengths of the family and provide a source of encouragement.

If there are concerns about the family, my subcontractor and I both share that with them. Many of their challenges might be overcome with additional training or more communication. I believe it is important to be honest with them and give them the tools they need to be successful.

If there is a situation that may not be appropriate for placement, I will immediately relay concerns to the DCFS referral contact. I will also relay that information to the applicant.

B. All members of the home are interviewed. If the family has a child that is too young to interview, they are still required to be in the home and their interaction with their caregiver is observed. A minimum of two face-to-face interviews are conducted with family members. Children are interviewed separately from their caregiver. If it is a two parent household, both caregivers are interviewed jointly and separately. If there are adult children not residing in the home, the caregivers are required to give contact

information. A minimum of two visits is completed, however if there are continued questions or clarification is further needed, more visits will be completed.

C. The home study updates will be completed within 14 calendar days and the home studies will be completed within 45 calendar days. When DCFS sends a referral, I log it on my calendar and notify my subcontractor when it is due. If there is an exception (due to the family not scheduling or delaying the process) I immediately let DCFS know via email. My subcontractor is required to have the home study to me within thirty days to allow me time to review it and seek clarification if needed.

I currently have one subcontractor. Between the two of us, we have managed the workload and met the time requirements. Due to our history of being prompt, we have occasionally been asked by the DCFS staff and other contractors to help in other areas. We have been able to help them while meeting our own deadlines. If there is a need for additional staffing, I have access to two additional Licensed Clinical Social Workers that are SAFE trained that are willing to help. If this occurs, DCFS will be immediately notified.

E.3. ADDITIONAL CONTRACT REQUIREMENTS

A. If there are any changes in my personnel, DCFS is notified immediately. I have availability of additional staff that is SAFE trained if needed.

My subcontractor and I are both SAFE trained. Subcontractors are required to submit a home study update within ten days and the home study within thirty days prior to the deadline. This will give me time to review it and seek clarification if needed. Once the home study is completed, the original copies are returned to DCFS and a hard copy of kept on file.

B. A requirement of subcontracting for my company is having their own vehicle with appropriate insurance. Both I and my contractor have our own transportation.

E.4. REPORTING AND BILLING

A. I am willing to attend a one day orientation if selected. I understand that are periodic meetings with the foster care unit. I will make myself available for those meetings. If I had an emergency or for some unforeseen reason was unable to attend, my subcontractor would make herself available. I would also reach out to the foster care unit to make sure there were not any questions or concerns.

If I hired new staff, I would require that they be SAFE trained or be willing to attend SAFE training prior to being assigned any home studies.

B. I understand that DCFS has monthly reports that they have to submit, therefore I understand the importance of timely documentation. It will be submitted before the tenth of the month. If there was a reason for a home study or home study update being delayed, the local DCFS staff would know and barriers would also be documented on the monthly report.

C. A hard copy of the home study, the questionnaires, the psychosocial rating sheet and references will be retained in a locked file cabinet at 550 S. Main Street, Malvern, Arkansas 72104 for a minimum of five years per contract requirement.

My organization takes confidentiality very seriously. Each home study contains medical information and other pertinent information that is private to the family and children. If someone reached out to me or

my subcontractor and asked for information, we refer them back to DCFS for additional information. If a concern is presented during the update/home study, I will refer back to the DCFS referral staff to share concerns.

My subcontractors and I are required to carry professional liability insurance.