Minnesota Adoption and Child Foster Care  
Corporate Child Foster Care Fact Sheet

<table>
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<tr>
<th>Name and title of person completing this form</th>
<th>Name of the corporate program</th>
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Instructions: This form must be completed by the authorized agent or a designee who is familiar with the operation of the program. The form must be completed during the initial child foster care home study process and at the home study process update.

How do you verify the employment history of all caregivers, including any potential concerns about past employment involving care of vulnerable individuals?

How do you ensure that all caregivers in the corporate CFC program have the education and experience required to meet the functions and program activities as declared in the statement of intended use and to meet the needs of children in placement?
How do you ensure that all caregivers in the corporate CFC program have been trained on the program’s drug and alcohol policy?

Signature of person completing this form: ________________________________________________________________

Date completed: ____________________________________________________________________________________