

Initial Provider Assessment

Temporary Safety Provider

Kinship (Relative or Fictive Kin) Care Provider

Case Name:	County Case Number:	Date:
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Children to be placed

	Child's Name	SIS Number	DOB	Gender	Race	Ethnicity	Needs/Behavioral Considerations
1							
2							
3							
4							

Safety or Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Children	Place of Employment/ Source of Income
1								
2								
3								

*Provider Address:

Provider Phone(s):

Other Members of the Household

	Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including providers

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: _____

(Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Child(ren)'s Needs			
	1. The provider has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs.	Discuss provider's relationship with the children and the provider's understanding of all the child(ren)'s needs and/or behaviors (see child(ren)'s needs on page 1). Discuss the relationship between the children and other members of the provider's household. Discuss the relationship between the provider(s) and the child(ren)'s parents.	
	2. The provider is willing to provide age-appropriate supervision for the child(ren).	Discuss the family's plan for supervising the child(ren), including any needs for additional services (day care, for example) to provide supervision.	
	3. The provider will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family's discipline practices. Does the family agree to not use physical punishment, isolation, deprivation of food, threats of harm, or humiliation? Discuss appropriate disciplinary measures for the above listed child(ren) based on age and maturity and needs and the agency's expectations about use of positive reinforcement.	
	4. The provider is willing and able to ensure that the child(ren)'s well-being needs will be met.	Discuss with the provider any upcoming needs for the child(ren). a. Does the provider have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? Do they have ability to respond to an emergency need (medical or other)? Do they have first aid	

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		<p>supplies? Does the child have any allergies that need to be addressed?</p> <p>b. How will the child be maintained in current educational setting? If not, how will the child(ren) be supported through the transition?</p> <p>c. Are there any cultural or faith considerations?</p>	
	<p>5. The provider is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.</p>	<p>a. The provider agrees to not take sides regarding the allegations; will not blame the child.</p> <p>b. Discuss reporting requirements with the family; obtain and document provider's commitment to report any concerns to the agency. Discuss behavioral indicators of abuse and neglect.</p>	
	<p>6. The provider is willing and able to provide appropriate boundaries to protect the child. The provider will enable the child(ren) to maintain connections with other family members.</p>	<p>Discuss with the providers any requirements around contact between the child(ren) and parents (including phone calls). Determine that the provider is able and willing to support appropriate contact with the birth parents. <u>Include additional documentation if needed that defines visitation and supervision requirements.</u> Determine if there are any issues regarding visits by friends or extended family members.</p> <p>Discuss how contact can be maintained with friends, siblings and extended family members.</p>	
	<p>7. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.</p>	<p>a. The provider has sufficient resources to provide for child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.).</p> <p>b. The provider has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider</p>	

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		<p>possibility of higher utility bills, medical needs, transportation expenses, etc.).</p> <p>Discuss eligibility requirements for IV-E assistance or other agency assistance available.</p>	
	8. The provider's home will have adequate sleeping space with reasonable privacy and comfort for each child.	The bedroom for all children must be seen. The provider has a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history.	
Safety			
	9. The provider's home is free of safety hazards.	<p>Assessment requires all rooms of the home are seen and assessed for safety, including:</p> <ul style="list-style-type: none"> a. There are working smoke detector(s). b. The family has approved car seats based on age and weight. Children up to age 8 or 80 pounds must have a car seat. c. All dangerous cleaning supplies, medicines, and any other dangerous chemicals are inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. There are no observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). g. <u>The Water Hazard Safety Assessment Form-DSS-5018-is complete and attached</u> h. <u>If a Water Hazard is identified, MUST complete 5018a for each child placed in the home</u> 	
	10. The provider's home has adequate and sanitary utilities.	Toilet (outhouse), and kitchen facilities and utilities (refrigerator, stove, oven) viewed by assessor, determined to be in reasonably sanitary and working	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		condition. The home has all basic utilities (water, electricity, and heat) and in full operating condition. The provider has a working telephone (or cell phone).	
	11. The provider(s) have a clear background (NO history of involvement with child protective services and NO criminal history that precludes them from caring for the child(ren)).	<p>a. CPS records check has been completed. The provider(s) provides a self-report with no CPS history of concern.</p> <p>b. Criminal checks has been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk.</p> <p>Any exceptions require supervisory approval.</p>	
	12. The provider(s) (and no other household member) use of alcohol or any other substance use does not present risk of harm to the child(ren).	Provider(s) understands and acknowledges risks associated with use of substances, including alcohol, while providing care to children. Any criminal history related to alcohol use or possession was discussed. Assessment of this element should include: The provider(s) provided a self-statement regarding use of alcohol or other drugs, observations of the provider(s) and the home, and other possible indicators.	
	13. Provider(s) do not have a history of domestic violence.	Assess the provider(s) knowledge and understanding of domestic violence and impact on children. Obtain and document a self-statement regarding control and fear in any intimate relationship in provider(s) personal history. Discuss any 911 responses to the home related to domestic violence resulting with or without arrest. Discuss any past or current 50B orders regarding household members or prior partners of household members.	
	14. Provider(s) are physically and mentally	Document self-statement, observation, and evidence. Discuss any medication that any providers in the home are prescribed or use on a regular basis.	

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	capable of providing care for the child(ren).	<p>Discuss chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions).</p> <p>Example: infant child can be lifted by provider even with provider history of back issues.</p>	
Summary / Other			
	15. Other: Provider(s) are able to meet any other special needs for the child(ren).	<p>a. Discuss any identified special needs (not already addressed), for example, child’s fear of pets, smoke allergies and confirm how the needs will be met.</p> <p>b. Discuss any case specific considerations that could impact the Temporary Parental Safety Agreement or the In-Home or Out-of-Home Family Services Agreement and assess the provider(s) ability to handle (threats by a parent, past relationship between provider and parent, etc.).</p>	
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	Discuss provider’s willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency’s requirement to monitor the children and the anticipated frequency of home visits.	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

Agreement regarding care of the child(ren) (BOTH types of providers):

- The Provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parents care (as defined by assessment or in-home Safety Agreement or non-secure order).
 - Any change to the make-up of the provider's household or a household move by the provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents.
 - The child(ren) shall not move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) shall be immediately communicated to the agency.
- The Provider is able to maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- The Provider agrees to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- The Provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The Provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The Provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the provider's home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 45 days or for a Kinship Provider continues beyond 30 days, another assessment will be completed and the children may be removed from the home at or around that time.

Agreement for Temporary Safety Providers (NOT kinship providers):

- **The provider understands that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the Temporary Safety Provider that they desire to end this voluntary arrangement, the Temporary Safety Provider must contact the county agency immediately.**
- If the need to modify or review use of a Temporary Safety Provider occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

The purpose of this Initial Provider Assessment is to determine that the child(ren) can safely live in another household, one that the parent(s) have identified and agree with, without their parents OR as defined by a Safety Agreement (during the provision of Child Protective Services) that a Temporary Safety Provider can reside in the family home. The Initial Provider Assessment should determine: a) if all individuals in the provider's home are appropriate (or that the Temporary Safety Provider is appropriate to reside in family home), b) that the provider's household and physical environment is safe (except for when the Temporary

Safety Provider will reside in family home), and c) that the child(ren)'s needs can be met. While using a provider the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren). A plan to meet the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan (which also addresses visitation and contact between the parent(s) and child(ren)).

Start Date for Child(ren):		Review Date (if needed):	
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We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above- named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. Approve Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date