

**RBWO FOUNDATIONS
MONITORING FOR SAFETY
CPA FOSTER HOME SAFETY REVIEW**

PARTICIPANT NAME:
FOSTER PARENT NAME:
SUPERVISOR NAME:

PROVIDER NAME:
ADDRESS:
DATE OF REVIEW:

FAMILY COMPOSITION

OTHER ADULTS IN THE HOME			
	NAME	RELATIONSHIP TO FOSTER PARENT	PRESENT DURING VISIT?
1.			

DFCS CHILDREN PLACED				
	NAME	AGE	PLACED WITH SIBLING?	PRESENT DURING VISIT?
1.				
2.				

NON-DFCS CHILDREN IN HOME				
	NAME	AGE	PLACED WITH SIBLING?	PRESENT DURING VISIT?
1.				

SLEEPING ARRANGEMENTS

Bedroom	# Twin	# Full	# Bunk	# Queen	# King	# Cribs/Toddler Beds	Names of Individuals Who Sleep Here
Bdrm #1							
Bdrm #2							
Bdrm #3							
Bdrm #4							
Bdrm #5							

HOME ENVIRONMENT

Kitchen <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Bathroom #1 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Bathroom #2 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Bedroom #1 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Bedroom #2 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Bedroom #3 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Bedroom #4 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Bedroom #5 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Common Area(s) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Other Interior Area(s) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Home is Infant/Toddler child-proof <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	First Aid Kit <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Fire Arms <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Unsatisfactory	Storage of Sharp Objects <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Food Supply <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Exterior free of Hazards <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Storage of Cleaning Supplies <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Storage of Medication <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

Caregiver Protective Capacity Interview

1. Supervision Practices

Observed

Not Observed

(Normal practice during outside and inside activities; Agency supervision policy; Crisis management supervisory practice; describe the supervision practice at the time of the visit (i.e., what is the parent doing at the time of visit regarding supervision of youth).

Comments:

2. Discipline

Observed

Not Observed

(Proactive and preventative practices; what behavior problems are common and how are they handled; positive reinforcement practices; physical interventions; parent understanding of discipline rules; last time parent used discipline techniques and youth response).

Comments:

3. Agency Support

Satisfied

Not Satisfied

(Agency visitation; respite support; additional support)

Comments:

4. Caregiver Commitment

Satisfied

Not Satisfied

(Placement match; child's needs being met; commitment to child(ren); satisfaction with child(ren).

Comments:

Child Well-Being Assessment and Interview

Child Name:

1. Comfort Level **Satisfied** **Unsatisfied**
 (Feelings of safety/comfort; feelings about living here; best/worst things, changes wanted or needed).

Comments:

2. School **Satisfied** **Unsatisfied**
 (Grades, progress, connection to teachers and peers, tutorial services, assistance needed/received with homework assignments).

Comments:

3. Extracurricular Activities **Satisfied** **Unsatisfied**
 (Participation, positive benefits, desired activities, barriers to participation).

Comments:

4. Needs Being Met **Satisfied** **Unsatisfied**
 (Family/sibling/parent visitation; general unmet and met needs).

Comments:

Overall Assessment:

Physical Appearance <input type="checkbox"/> Concern <input type="checkbox"/> No Concern	Adequate Clothing <input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate	Hygiene Supplies <input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate
Personalized Space (Bedroom –Homelike) <input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate	Car Seat <input type="checkbox"/> N/A <input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate	

Comments:

Safety Decision

<input type="checkbox"/> Safe	<p>- Caregiver can and will protect. No signs of present safety risk identified, child vulnerability and/or protective offset the current risk. The child is not likely to be in imminent risk of maltreatment.</p>
<input type="checkbox"/> Unsafe	<p>-Caregiver cannot/ will not protect. Child vulnerability or protective capacities do not offset the imminent risk of maltreatment, or caretaker/provider has refused access to the child.</p> <p>Immediate Action Taken:</p> <ul style="list-style-type: none">- Contact Immediate Supervisor- Contact DFCS Case Manager/Supervisor- Contact CPS County DFCS- Contact OPM Supervisor/Manager
<input type="checkbox"/> Risk Identified (Safety Plan needed)	<p>-One or more signs of present risk identified. Child’s vulnerability or protective capacities do not offset the present or imminent risk of maltreatment. Controlling safety interventions have been limited as identified and agreed upon by all necessary parties in the written safety plan.</p> <p>-The implementation of the safety interventions offset the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to assure child safety in the future.</p> <p>Immediate Action Taken:</p> <ul style="list-style-type: none">- Contact Immediate Supervisor <p>Note: If needed, a preliminary safety plan should be developed by the provider within 24 hours of the Safety Review. A comprehensive safety plan should be developed by the provider within 72 hours of the Safety Review. The safety plan must identify who will participate to assure safety of the child, who will monitor the safety plan, and duration of the safety plan. Document the actions taken or the services initiated to address each identified signs of present or imminent risk. Address how behaviors, conditions, and circumstances associated with the sign of present or imminent risk will be controlled. File original document in foster parent record.</p>

Comments:

PARTICIPANT SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____