

Confirming Safe Environments Unlicensed Placements and Foster Care Placements

Name – Child (Last, First, Middle)

Placement Information

A. Confirming Safe Environments at the Initiation of Placement

Date – Initial Placement Provider Contact	Date – Initial Placement Home Visit	Date – Subsequent Placement Home Visit (Only required in unlicensed placements)
---	-------------------------------------	--

1. Child and Adolescent Needs and Strengths (CANS) (if results are available)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe below.

2. Background Checks

No adult in the home has background check information.

An adult in the home has background check information.

When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?

No concerns based on background information.

Concerns based on background information.

3. Provider Relationship to the Child

Yes No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats.

Relative type

Yes No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

4. Placement Danger Threats

Yes No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.

Yes No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.

Yes No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.

Yes No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. If "Yes", describe.

Yes No Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care. If "Yes", describe.

Yes No Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect the child from potentially serious harm. If "Yes", describe.

Yes No Child has exceptional needs or behaviors which the out-of-home care provider cannot or will not meet or manage. If "Yes", describe.

Yes No Child is profoundly fearful or anxious of the home situation. If "Yes", describe.

Yes No Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening. If "Yes", describe.

Yes No Out-of-home care provider's drug or alcohol use appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider's physical health or physical condition appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern. If "Yes", describe.

Yes No Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent. If "Yes", describe.

Yes No Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and / or is supportive of the parent's point of view. If "Yes", describe.

Yes No Out-of-home care provider indicates the child deserved what happened in the child's home. If "Yes", describe.

Yes No Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan. If "Yes", describe.

If a Placement Danger Threat is selected above, please answer the following question.

Yes No The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child.

5. **Knowledge and Skills of Placement Provider**

Yes No Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the behaviors of the child in a safe manner? If "Yes", describe.

B. Other Minors in Out-of-Home Placement

Note: "Minors" include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No Aggressive behaviors. Children are known to have a history of violence. If "Yes", describe.

Yes No Sexually abusive behaviors. Children within the placement home are known to victimize other children physically or sexually. If "Yes", describe.

Yes No Other behaviors. Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.). If "Yes", describe.

b. Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No Aggressive behaviors. If "Yes", describe.

Yes No Sexually abusive behaviors. If "Yes", describe.

Yes No Other behaviors (mental health or AODA issues, fire settings, etc.). If "Yes", describe.

C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

Additional or special training for placement providers. Describe below.

Additional contact by agency or other providers. Describe below.

Rearrange living environment. Describe below.

Closer supervision of children by caregivers. Describe below.

Additional house rules. Describe below.

Install special equipment (ramp, electrical generator, door alarm, etc.). Describe below.

D. Signatures

Name – Placement Provider

SIGNATURE – Placement Provider
(When Applicable)

Date Signed

Name – Worker

SIGNATURE – Worker

Date Signed

Name – Supervisor

SIGNATURE – Supervisor

Date Signed

Confirming Safe Environments Group Home and Residential Care Center

Name – Child (Last, First, Middle)

Placement Information

A. Confirming Safe Environments at the Initiation of Placement

Initial Placement Contact Date

Child and Adolescent Needs and Strengths (CANS) (if results are available)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe the facility's capacity to meet the child's needs based on his / her assessed LON.

B. Other Minors in Out-of-Home Placement

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

Aggressive behaviors. Children are known to have a history of violence.

Sexually abusive behaviors. Children within the placement are known to victimize other children physically or sexually.

Other behaviors. Children within the placement have mental health, AODA or other behaviors (fire settings, etc.).

b. Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

Aggressive behaviors.

Sexually abusive behaviors.

Other behaviors (mental health or AODA issues, fire settings, etc.).

C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

Additional or special training for placement providers. Describe below.

Additional contact by agency or other providers. Describe below.

Rearrange living environment. Describe below.

Closer supervision of children by caregivers. Describe below.

Additional house rules. Describe below.

Install special equipment (ramp, electrical generator, door alarm, etc.). Describe below.

D. Signatures

Name – Worker

SIGNATURE – Worker

Date Signed

Name – Supervisor

SIGNATURE – Supervisor

Date Signed

Reconfirming Safe Environments Unlicensed Placements and Foster Care Placements

Name – Child (Last, First, Middle)

Placement Information

A. Reconfirming Safe Environments

1. Child and Adolescent Needs and Strengths (CANS)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe below.

2. Background Checks

No adult in the home has background check information.

An adult in the home has background check information.

When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?

No concerns based on background information.

Concerns based on background check information.

3. Placement Danger Threats

Yes No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.

Yes No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.

Yes No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.

Yes No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. If "Yes", describe.

Yes No Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care. If "Yes", describe.

Yes No Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect the child from potentially serious harm. If "Yes", describe.

Yes No Child has exceptional needs or behaviors which the out-of-home care provider cannot or will not meet or manage. If "Yes", describe.

Yes No Child is profoundly fearful or anxious of the home situation. If "Yes", describe.

Yes No Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening. If "Yes", describe.

Yes No Out-of-home care provider's drug or alcohol use appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider's physical health or physical condition appears to or could seriously affect his / her ability to supervise, protect or care for the child. If "Yes", describe.

Yes No Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern. If "Yes", describe.

Yes No Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent. If "Yes", describe.

Yes No Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and / or is supportive of the parent's point of view. If "Yes", describe.

Yes No Out-of-home care provider indicates the child deserved what happened in the child's home. If "Yes", describe.

Yes No Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan. If "Yes", describe.

If a Placement Danger Threat is selected above, please answer the following question.

Yes No The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child.

4. Environment Evaluation

Describe the caregiver's ability to meet the combined demand of all children and any other individuals requiring care who are currently living in the home.

Describe any changes in the child's assessed LON and the implications for the current caregiver's ability to meet those needs and for the stability of the placement.

Describe any changes in the current caregiver's CANS assessment and the implications of this for his / her ability to meet the child's needs.

Describe the child's adjustment to this placement, attitude about this placement and overall integration of this child into the family.

Describe the current caregiver's ability to support the permanency goal for this child, including the relationship with the identified permanent resource (unless the current caregiver is also the identified permanent resource) and the current caregiver's relationship with CPS.

B. Other Minors in Out-of-Home Placement

Note: "Minors" include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No Aggressive behaviors. Children are known to have a history of violence. If "Yes", describe.

Yes No Sexually abusive behaviors. Children within the placement home are known to victimize other children physically or sexually. If "Yes", describe.

Yes No Other behaviors. Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.). If "Yes", describe.

b. Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No Aggressive behaviors. If "Yes", describe.

Yes No Sexually abusive behaviors. If "Yes", describe.

Yes No Other behaviors (mental health or AODA issues, fire settings, etc.). If "Yes", describe.

C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

Additional or special training for placement providers. Describe below.

Additional contact by agency or other providers. Describe below.

Rearrange living environment. Describe below.

Closer supervision of children by caregivers. Describe below.

Additional house rules. Describe below.

Install special equipment (ramp, electrical generator, door alarm, etc.). Describe below.

D. Signatures

Name – Placement Provider

SIGNATURE – Placement Provider
(When Applicable)

Date Signed

Name – Worker

SIGNATURE – Worker

Date Signed

Name – Supervisor

SIGNATURE – Supervisor

Date Signed

Reconfirming Safe Environments Group Home and Residential Care Center

Name – Child (Last, First, Middle)

Placement Information

A. Reconfirming Safe Environments

Child and Adolescent Needs and Strengths (CANS)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe how the facility has the continued capacity to meet the child's needs based on his / her assessed LON.

If there is a change in the child's assessed LON, are there implications for the current facility to meet the child's needs or the stability of placement?

Evaluate and describe the child's adjustment to and attitude about the current placement.

B. Other Minors in Out-of-Home Placement

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggressive behaviors. Children are known to have a history of violence. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexually abusive behaviors. Children within the placement are known to victimize other children physically or sexually. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other behaviors. Children within the placement have mental health, AODA or other behaviors (fire settings, etc.). |

b. Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggressive behaviors. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexually abusive behaviors. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other behaviors (mental health or AODA issues, fire settings, etc.). |

C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Additional or special training for placement providers. Describe below. |
| <input type="checkbox"/> | Additional contact by agency or other providers. Describe below. |
| <input type="checkbox"/> | Rearrange living environment. Describe below. |
| <input type="checkbox"/> | Closer supervision of children by caregivers. Describe below. |
| <input type="checkbox"/> | Additional house rules. Describe below. |
| <input type="checkbox"/> | Install special equipment (ramp, electrical generator, door alarm, etc.). Describe below. |

D. Signatures

Name – Worker

SIGNATURE – Worker

Date Signed

Name – Supervisor

SIGNATURE – Supervisor

Date Signed