

Infants: (0-18 months)

Safety Checklist for Caregivers:

Basic Safety

- ✓ Did this child have any serious injuries, either before or since coming into your care?
- ✓ Does your child have any chronic health conditions? Do you have all the necessary medication and supplies?
- ✓ Do you have a First Aid Kit in your home?

Check For:

- ✓ TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- ✓ Exposed wires or appliance cords in reach of children?

Preventing Falls

- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Are safety gates installed at the top and bottom of all staircases?

Sleep Time Safety

- ✓ When you put your child to sleep in his/her crib, do you put them on their stomach or their back?
- ✓ Do you put any soft bedding beneath the baby?
- ✓ Do you use pillows or heavy comforters in the crib?
- ✓ Does your child ever sleep in bed with you or with other children?
- ✓ Are there any window blinds or curtain cords near your baby's crib or other furniture?
- ✓ Do you tie a pacifier around your child's neck or to his/her clothing with a string or ribbon?
- ✓ Do you ever cover mattresses with plastic or a plastic bag?

Crib Safety

- ✓ Does crib have any missing, loose, improperly installed or broken hardware?
- ✓ Are crib slats more than two and three-eighths inches apart?
- ✓ Are there any corner posts over the end panels of crib?
- ✓ Do the headboards or footboards have any cutout areas?
- ✓ Is paint cracked or peeling?
- ✓ Are there any splinters or rough edges?
- ✓ Are top rails of crib less than $\frac{3}{4}$ of the child's height?

Bath Safety

- ✓ What do you do if the telephone or doorbell rings while you are giving your child a bath?

- ✓ Do you use bathtub seats with suction cups?
- ✓ Do you check the water temperature to make sure that the bath is not too hot or too cold?

Child care safety

- ✓ Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does this child go to daycare or pre-school? If so, how many hours per week? How does your child get there? Who is responsible for drop-off and pick-up?

Safety in the Streets

- ✓ Who watches your child when they play out-of doors?
Does your child know what to do if a stranger talks to him or her on the street?

Well-Being & Permanency Questions for Caregivers:

- What is it like for you to care for this child? What has been the effect on your family of having this child placed here? What did you expect it to be like?
- Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that will help him/her in the future? What will be harder for him/her?
- How has the child changed since coming to live here? How has the child adjusted to this placement?
- What are the goals for this child and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the child?
- What are the services this child is receiving? What do you think/feel about those? What do you think that this child needs?
- What things does this child like to do?
- To whom do you go if things aren't going too well?
- What are the things you need to support your continued care of this child?

- Does this child show warmth and affection across a range of interactions and with different people?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- How is this child's sleeping pattern? How is this child's feeding pattern?
- Have you seen any weight changes since this child has been with you?
- Does this child show preference for a particular adult?
- How easy is it to soothe this child when s/he is upset?

Developed by National Resource Center for Family-Practice and Permanency Planning.
Promoting Placement Stability and Permanency through Caseworker/Child Visits

References:

Ashford, J., LeCroy, C., & Lortie, K. (2001). *Human Behavior in the Social Environment: A Multidimensional Perspective*. Belmont, CA: Wadsworth.

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Massengale, J. (2001). Child Development: A Primer for Child Abuse Professionals. [National Center for the Prosecution of Child Abuse: Update Newsletter, 14\(8\), 1-4](#)

Clackamas Education Service District. Early Intervention and Early Childhood Special Education [www. clackesd.k12.or.us/earlychildhood/eiecse.htm](http://www.clackesd.k12.or.us/earlychildhood/eiecse.htm)

Toddlers: (18-36 months)

Safety Checklist for Caregivers:

Basic Safety

- ✓ Did this child have any serious injuries, either before or since coming into your care?

Check For:

- ✓ TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- ✓ Exposed wires or appliance cords in reach of children?

Preventing Falls

- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Are safety gates installed at the top and bottom of all staircases?

Sleep Time Safety

- ✓ When you put your child to sleep in his/her crib, do you put them on their stomach or their back?
- ✓ Do you put any soft bedding beneath the baby?
- ✓ Do you use pillows or heavy comforters in the crib?
- ✓ Does your child ever sleep in bed with you or with other children?
- ✓ Are there any window blinds or curtain cords near your baby's crib or other furniture?
- ✓ Do you tie a pacifier around your child's neck or to his/her clothing with a string or ribbon?
- ✓ Do you ever cover mattresses with plastic or a plastic bag?

Crib Safety

- ✓ Does crib have any missing, loose, improperly installed or broken hardware?
- ✓ Are crib slats more than two and three-eighths inches apart?
- ✓ Are there any corner posts over the end panels of crib?
- ✓ Do the headboards or footboards have any cutout areas?
- ✓ Is paint cracked or peeling?
- ✓ Are there any splinters or rough edges?
- ✓ Are top rails of crib less than $\frac{3}{4}$ of the child's height?

Child care safety

- ✓ Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does this child go to daycare or pre-school? If so, how many hours per week? Who is responsible for drop-off and pick-up?

Safety in the Streets

- ✓ Who watches your child when they play out-of doors?
- ✓ Does your child know what to do if a stranger talks to him or her on the street?

Safety Checklist for Children:

- ✓ Do you ever stay at home by yourself without any grown ups there?
- ✓ Who takes care of you if _____ (caregiver's name) is not at home? Do you feel happy or sad when _____ (caregiver's name) is not at home? Do you feel happy or sad when _____ (babysitter's name) comes to stay with you? How come?
- ✓ Do you ever sleep over at somebody else's house? Do you like this? Do you do this a little or a lot?
- ✓ Do you go to school? Who takes you to school? Who picks you up from school?
- ✓ Do any grown ups watch you when you play outside? Who?
- ✓ Do you know what to do if a stranger talks to you and _____ (caregiver's name) is not there?

Well-Being & Permanency Questions for Caregivers:

- What is it like for you to care for this child? What has been the effect on your family of having this child placed here? What did you expect it to be like?
- Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that will help him/her in the future? What will be harder for him/her?
- How has the child changed since coming here? What do you think about that? How has the child adjusted to this placement?
- What are the goals for this child and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the child?
- What are the services this child is receiving? What do you think/feel about those? What do you think that this child needs?
- What things does this child like to do?
- To whom do you go if things aren't going too well? What are the things you need to support you in the continued care of this child?
- Does this child show warmth and affection across a range of interactions and with different people?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- Is this child able to seek you out and accept your help when needed?
- How does this child comply with your requests and demands?
- How are this child's sleeping patterns? How are this child's eating habits?
- Have you seen any weight changes since this child has been with you?
- Does this child show preference for a particular adult?
- How easy is it to soothe this child when s/he is upset?

Well-Being & Permanency Questions for Toddlers:

Living Arrangements:

- Do you like living at _____'s (caregiver's name) house?
- Does anybody else live at _____ 's (caregiver's name) house besides you and _____? If so, ask: do you like living with _____ (ask by individual names that the child mentions)? How come?
- Where do you sleep? Do you share a room with anyone? Who? If so, ask: do you like sharing a room with _____? How come?
- Do you share a bed with anyone else? If yes ask, who? Do you like sharing a bed with _____? How come?
- Are there things that you can't do at _____'s house? What happens if you do something that you are not supposed to do?

Special Interests:

- Do you play with toys? What toys do you like playing with? Does anyone else play with toys with you? Do you have a favorite toy?
- Do you like to have stories/books read to you? Who reads stories/books to you? Can you tell me the name of a book that you really like?
- Do you like to make pictures?

Social/Emotional:

- If you are sad, mad or scared about something that happens at _____'s house, do you tell anyone? Who?
- Do you ever get scared at night? If so, ask: What do you do when you feel scared at night?
- Does _____ (caregiver's name) ever get mad at you? What happens if _____ gets mad at you? If _____ gets mad, do you feel sad, mad or scared?
- Does _____ (caregiver's name) ever get mad at anyone else who lives with you?
- Is there anyone at _____'s house who makes you feel scared?
- Is there anyone at _____ school who makes you feel scared?
- Do you ever get scared when you are playing outside? If yes, ask: How come? Do you tell anyone when you feel scared? Who?
- Are there any grown ups or kids who do things that make you feel happy?
- Are there any grown ups or kids who do things that make you feel sad?
Are there any grown ups or kids who do things that make you feel mad?

Education:

- (If child goes to school or is some form of child care): Do you go to school/day care? If so, ask: Do you like it? How come?
- What do you like to do at school/day care? Is there anything that you don't like about school/day care?

Friends and Family:

- Who do you play with? What do you do when you play with other kids?
- Do you get to see your mommy and/or daddy? Do you like seeing them? What kinds of things do you do with them?
- Do you see your brothers and/or sisters? Do you like seeing them? What kinds of things do you do with them?

Health:

- Have you been to see a doctor since you've been living with _____? If so, ask: how come? Can ask: were you sick or did you need to get a shot?
- Have you been to see a dentist (a special doctor who looks at your teeth) since you've been living with _____?

*Developed by National Resource Center for Family-Practice and Permanency Planning.
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References:

Ashford, J., LeCroy, C., & Lortie, K. (2001). *Human Behavior in the Social Environment: A Multidimensional Perspective*. Belmont, CA: Wadsworth.

Center for Development of Human Services. (2002). *Child Development Guide*. Buffalo, NY: Research Foundation of SUNY/CDHS.

Child Welfare League of America. (2003). *PRIDEbook*. Washington, D.C.: Child Welfare League of America.

Maine Department of Human Services. [Child Well-Being and Safety Review](#).

Massengale, J. (2001). Child Development: A Primer for Child Abuse Professionals. [National Center for the Prosecution of Child Abuse: Update Newsletter, 14\(8\), 1-4.](#)

Pre-School: (3-6 years old)

Safety Checklist for Caregivers:

Basic Safety

- ✓ Did this child have any serious injuries, either before or since coming into your care?
- ✓ Does your child have any chronic health conditions? Do you have all the necessary medication and supplies?
- ✓ Do you have a First Aid Kit in your home?

Check For:

- ✓ TVs and other pieces of standing furniture secured so that they cannot be pulled over?
- ✓ Exposed wires or appliance cords in reach of children?

Preventing Falls

- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Are safety gates installed at the top and bottom of all staircases?

Bath Safety

- ✓ What do you do if the telephone or doorbell rings while you are giving your child a bath?
- ✓ Do you use bathtub seats with suction cups?
- ✓ Do you check the water temperature to make sure that the bath is not too hot or too cold?

Child Care Safety

- ✓ Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does this child go to daycare or pre-school? If so, how many hours per week? How does your child get there? Who is responsible for drop-off and pick-up?

Safety in the Streets

- ✓ Who watches your child when they play out-of doors?
- ✓ Does your child know your address and phone number? (Kids this age may know only part of the answer to these questions)
- ✓ Does your child know what to do if a stranger talks to him/her on the street?

Safety Checklist for Children:

- ✓ Do you know the name of the street that _____ (caregiver's name)'s house is on? Do you know the address for _____ (caregiver's name)'s house? Do you know telephone number at _____ (caregiver's name)'s house? Can you tell me what it is?
- ✓ Do you ever stay by yourself at home without any grown ups around?
- ✓ Who takes care of you if _____ (caregiver's name) is not at home? What is it like when this person stays with you? Do you like it? What kinds of things do you do with this person?
- ✓ Do you know what to do if something really bad or scary happens, like if there is a fire? What would you do?
- ✓ Do you ever sleep over at somebody else's house? Do you like this? Do you do this a lot?
- ✓ Are you able to call _____ (caregiver's name) when they are not at home? How do you do this?
- ✓ Do you go to school? Who takes you to school? Who picks you up from school?
- ✓ Do any grown ups watch you when you play outside? Who?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him/her?

Well-Being & Permanency Questions for Caregivers:

- What is it like for you to care for this child? What has been the effect on your family of having this child placed here? What did you expect it to be like?
- Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that will help him/her in the future? What will be harder for him/her?
- How has the child changed since coming here? What do you think about that? How has the child adjusted to this placement?
- What are the goals for this child and his family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the child?
- Is this child receiving any educational, medical and/or psychological services? Which ones? How often? Do you think that these services are meeting this child's needs? Are there any other services that you think that this child needs?
- What things does this child like to do?
- To whom do you go if things aren't going too well?
- What are the things you need to support your continued care of this child?
- Does this child show warmth and affection across a range of interactions and with different people?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- Is this child able to seek you out and accept your help when needed?
- How does this child comply with your requests and demands?
- How is this child's sleeping pattern? How is this child's feeding pattern?
- Have you seen any weight changes since this child has been with you?
- Does this child show preference for a particular adult?
- How easy is it to soothe this child when s/he is upset?

Well-Being & Permanency Questions for Children:

Living Arrangements:

- How is it for you living at _____'s house?
- Who else lives here with you? What do you think about these other people who live here? Do you like living with them? How come?

- Do you know how come you are living here with _____ (caregiver's name)?
- Do you like _____ (caregiver's name)? How come?
- Do you think that _____ likes you? How come?
- Where do you sleep? Do you share a room with anyone? Who? If so, ask: Do you like sharing a room with this person? How come?
- Do you share a bed with anyone else? If yes, ask: who?
- Are there things that you can and can't do at _____'s house? What are some of these things? What happens if you do something that you are not supposed to do? Does this happen a little or a lot?

Daily Routine:

- Do you wake up by yourself in the morning or does someone else wake you up? If it's someone else, ask: Who?
- What do you do in the morning to get ready for school? Does anybody help you? If so, what do they do? What do you do by yourself to get ready in the morning?
- Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
- (If child goes to school): Do you bring your lunch with you to school or do you get lunch at school? What are some things that you eat for lunch?
- (If child goes to school): Where do you go after school? How do you get there? What do you do after school? Do you like what you do after school?
- Who makes you dinner? What are some things that you eat for dinner? What are some things that you do after you eat dinner?
- What time do you go to bed? Does anyone help you to get ready for bed? If so, what do they do to help you?
- What do you do on Saturday and Sunday? Who do you do this with? What do the other people in _____'s house do on Saturdays and Sundays?
- (If applicable) Is this the same as what you used to do on weekends when you lived with _____ (previous guardian) or is it different? What is different about it?

Special Interests:

- What kinds of things do you like to do for fun (sports, music, art, video games, etc.)? Do you do these things while you are living with _____?
- Are there any things that you'd really like to be doing that you aren't doing now?

Education:

- Do you go to school? If so, do you like it? How come?
- (If child goes to school): What do you do at school? Who do you do this with?
- (If child goes to school): What are some of the things that you like the most about school? What are some of the things that you don't like so much about school?

Family and Friends:

- Do you get to see your family? How is this for you? Do you see your brothers and/or sisters? What kinds of things do you do together?
- Who are some of your friends? What do you do with them? Where do you see them?
- Is there anyone you want to see or talk to?

Social/Emotional:

- Does _____ (caregiver's name) ever get mad at you? What happens if _____ gets mad at you? Does this happen a lot of the time or a little of the time? What do you feel like when _____ gets mad?
- Does _____ (caregiver's name) ever get mad at someone else who lives in the house with you? Does this happen a lot of the time or a little of the time? What do you feel like when _____ gets mad at these other people? What are some of the things that s/he gets angry at other people about?
- If you are sad, mad or scared about something that happens at _____'s house, who can you go to?
- Is there anyone at _____'s house or anywhere else who makes you feel scared? Are there any grown ups or kids who do things that make you feel sad, mad, or scared?
- Do you ever get scared when you are playing outside or walking around by _____'s house? If yes, what are the things that make you scared? Can you talk to someone about this? If so, who?
- Do you ever get scared at night? If so, ask: What do you do when this happens? Do you ever go into _____'s room when this happens? If so, ask: What do they do?
- Do you ever wake up in the middle of the night? If so, ask: What do you do when this happens?

- If something is really worrying or bothering you, who can you talk to? If you want to talk to me, do you know how you can do that?

Health:

- Have you been to see a doctor since you've been living with _____? What did you see this doctor for? Have you been to any other doctors? If so, how come?
- Have you seen a dentist since you've been living with _____?

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References:

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Massengale, J. (2001). Child Development: A Primer for Child Abuse Professionals. National Center for the Prosecution of Child Abuse: Update Newsletter, 14(8), 1-4.

School-Age Children (7 - 9 years old)

Safety Checklist for Caregivers:

- ✓ Who takes care of your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- ✓ Who takes your child to and from school?
- ✓ Who watches your child when they play outdoors?
- ✓ Does your child know your address and phone number?
- ✓ Does your child know what to do if a stranger talks to him/her on the street?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does your child know what to do in case of an emergency?
- ✓ Did this child have any serious injuries, either before or since coming into your care?
- ✓ Does your child have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you have a First Aid Kit in your home? Does your child know where it is and how to use it?
- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Does your child wear safety gear, including a helmet, for activities such as cycling, in-line skating, skateboarding or riding a scooter?

Safety Checklist for Children:

- ✓ Do you know the address and telephone number at _____'s (caregiver's name) house? What is it?

- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Who takes care of you when _____ (caregiver's name) is not at home? How do you feel about staying with this person?
- ✓ Are you ever left alone without any grown ups around?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ Do you know how to reach _____ (caregiver's name) when they are away from home?
- ✓ Who takes you to and from school?
- ✓ Do any grown ups watch you when you play outdoors?
- ✓ Do you know what to do if a stranger talks to you on the street?

Well-Being & Permanency Questions for Caregivers:

- What is it like for you to care for this child? What has been the effect on your family of having this child placed here? What did you expect it to be like?
- Describe who this child is. What about the child is easiest and most pleasurable? What is the most difficult aspect of this child for you to deal with? What are the things about this child that you think will help him/her in the future? What do you think might be harder for him/her?
- How has this child changed since coming here? What do you think about that? How has the child adjusted to this placement?
- What are the goals for this child and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the child?
- Is this child receiving any educational, medical and/or psychological services? Which ones? How often? What do you think/feel about these? Do you think that they are meeting this child's needs? Are there any other services that you think this child needs?

- What kinds of things does this child like to do?
- To whom do you go if things aren't going too well?
- Who does this child seek comfort from when s/he is hurt, frightened, or ill?
- Is this child able to seek you out and accept your help when needed?
- How does this child comply with your requests and demands?
- How is this child's sleeping pattern? How are this child's eating habits?
- Have you seen any weight changes since this child has been with you?
- Does this child show preference for a particular adult?
- How easy is it to soothe this child when s/he is upset?
- What are the things that you need to support your continued care of this child?
- Does this child show warmth and affection across a range of interactions and with different people?

Well-Being & Permanency Questions for Children:

Living Arrangements:

- How is it for you living at _____'s house?
- Who else lives here with you? What do you think about these other people who live here? What is it like living with them?
- Do you know why you are living here with _____ (caregiver's name)?
- How do you feel about _____ (caregiver's name)? How do you think that they feel about you?
- Are there things that you can and can't do at _____'s house? What are some of these rules? What happens if you break a rule? How often does this happen?

Daily Routine:

- How do you wake up in the morning?
- What do you do in the morning to get ready for school? Does anyone help you? If so, what do they do?
- Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?

- Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
- Who makes you dinner? What are some things that you eat for dinner?
- What do you do after dinner?
- What time do you go to bed? Does anyone help you to get ready for bed? If so, what do they do? What is bedtime like for you?
- Where do you sleep? Do you share a room with anyone? Who? What is this like for you?
- Do you share a bed with anyone else? If so, who?

Social/ Emotional:

- If you are upset or angry about something that happens at _____'s house, is there anyone that you can go to? Who?
- What happens when _____ (caregiver's names) get angry at you, each other, or someone else who lives in your house? How often do they get angry? What does it feel like for you when they are angry? What are some of the things that they get angry about?
- Is there anyone at _____'s house or anywhere else that you go who makes you feel scared? Are there any grown ups or kids who do things that make you feel sad, mad, scared or confused?
- Do you ever get scared playing in your neighborhood? If so, what are the things that make you scared? Is there anyone who you are able to talk to about this?
- Do you ever wake up in the middle of the night? If so, what happens?
- If something is really worrying you, who can you talk to?
- If you need to get in touch with me, do you know how to do that? How?
- Are you involved in any religious, spiritual or cultural activities?

Family and Friends:

- How are visits with your family? What kinds of things do you with your family on visits? How often do you see them? Do you speak with them on the telephone in between visits?
- Do you see your brothers and/or sisters? How is to see them? Do you see other members of your family e.g., grandparents, aunts, uncles?
- Who are your friends? What do you like to do with them? Where do you see them?
- Is there anyone you want to see or talk to that you do not see now?

Special Interests:

- What do you do on the weekends? Who do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?
- What kinds of things do you like to do for fun (sports, music, art, video games, etc.)? Do you do these things while you are living with _____? Are there any things that you'd really like to be doing that you aren't doing now?

Education:

- How is school? What grade are you in? What are some of the things that you like best about school? What are some of the things that you like the least about school?
- Are there any subjects at school, like math or reading that are hard for you? If so, do you get any kind of special help with these subjects?
- Where do you go after school? How do you get there? What do you do after school? Do you like doing this?

Health:

- Have you been to see a doctor since you've been living with _____? What did you see this doctor for? Have you been to any other doctors? If so, why?
- Have you seen a dentist since you've been living with _____?
- Do you go to see a counselor or therapist? What is this like for you? Do you know why you are seeing them?

References:

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Early Adolescence (10 – 12 years old)

Safety Checklist for Caregivers:

- ✓ Who provides supervision for your child when you are not home? How do you know this person? How old is this person? Is there a way for your child to reach you when you are away from home?
- ✓ How does your child get to and from school?
- ✓ Do you know where your child is when s/he is not at school and away from home? Is there a way for your child to reach you when s/he is away from home?
- ✓ Do you know who your child's friends are?
- ✓ Does your child know your address and phone number?
- ✓ Does your child know what to do if a stranger talks to him/her on the street?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center, and a friend or neighbor near the phone?
- ✓ Does your child know what to do in case of an emergency? Does your child know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ Did this child have any serious injuries, either before or since coming into your care?
- ✓ Does your child have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you have a First Aid Kit in your home? Does your child know where it is and how to use it?
- ✓ Are there child safety window guards on all windows above the first floor?
- ✓ Does your child wear safety gear, including a helmet, for activities such as cycling, in-line skating, skateboarding or riding a scooter?

Safety Checklist for Youth:

- ✓ Who takes care of you when _____(caregiver's name) is not at home? How do you feel about staying with this person? Do you know how to reach _____(caregiver's name) when they are away from home?
- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Are you ever left alone without any grown ups around? What is this like for you?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school?
- ✓ Do any adult's provide supervision for you when you play outdoors? Does _____(caregiver's name) know where you are when you are away from home and not at school?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him or her?

Well-Being & Permanency Questions for Caregivers:

- What is it like for you to care for this child? What has been the effect on your family of having this child placed here? What did you expect it to be like?
- Describe who this young person is: What about the _____ (youth's name) is easiest and most pleasurable? What is the most difficult aspect of caring for _____ (youth's name)? What are the things about _____ (youth's name) this that will help him/her in the future? What will be hard for him/her?
- How has _____ (youth's name) changed since coming here? What do you think about that? How has _____ (youth's name) adjusted to this placement?
- What are the goals for _____ (youth's name) and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with _____ (youth's name)?

- What are the services ____ (youth's name) is receiving? What do you think/feel about those? What do you think that they met his/her needs?
- What things does ____ (youth's name) like to do?
- To whom do you go if things aren't going too well?
- What are the things you need to support your continued care of this child?

Well-Being & Permanency Questions for Early Adolescents:

Living Arrangements:

- How is it for you living at _____'s house?
- Who else lives here with you? What do you think about these other people who live here? What is it like living with them?
- Do you know why you are living here with _____ (caregiver's name)?
- How do you feel about _____ (caregiver's name)? How do you think that they feel about you?
- Are there things that you can and can't do at _____'s house? What are some of these rules? What happens if you break a rule? How often does this happen?

Daily Routine:

- How do you wake up in the morning?
- What do you do in the morning to get ready for school?
- Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
- Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
- Who makes you dinner? What are some things that you eat for dinner?
- What do you do after dinner?
- What time do you go to bed?
- Where do you sleep? Do you share a room with anyone? Who? What is this like for you?

Social/Emotional:

- If you are upset or angry about something that happens at _____'s house, is there anyone that you can go to? Who?
- What happens when _____ (caregiver's names) get angry at you, each other, or someone else who lives in your house? How often do they get angry? What does it feel like for you when they are angry? What are some of the things that they get angry about?

- Is there anyone at _____'s house or anywhere else that you go who makes you feel scared? Are there any adults or kids who do things that make you feel sad, mad, scared or confused?
- Do you ever wake up in the middle of the night? If so, what happens?
- Do you ever get scared hanging out in your neighborhood? If so, what are the things that make you scared? Is there anyone who you are able to talk to about this?
- If something is really worrying you, who can you talk to?
- If you need to get in touch with me, do you know how to do that? How?
- Are you involved in a religion? Are you able to participate in services or events connected to your religion?
- Are you involved in any cultural group or activity? What could we do to help you be more involved in this?
- Are you involved in any after-school or social group? (sports, scouting, hobbies, arts, etc.) What could we do to help you be more involved?

Family and Friends:

- How are visits with your family? What kinds of things do you with your family on visits? How often do you see them? Do you speak with them on the telephone in between visits?
- Do you see your brothers and/or sisters? How is to see them? Do you see other members of your family e.g., grandparents, aunts, uncles?
- Who are your friends? What do you like to do with them? Where do you see them?
- Is there anyone else you would like to visit or talk to that you do not see now?

Special Interests:

- What kinds of things do you like to do for fun (sports, music, art, video games, etc.)? Do you do these things while you are living with _____? Are there any things that you'd really like to be doing that you aren't doing now?
- What do you do on the weekends? Who do you do this with? What do the other people in _____'s house do? If applicable: Is this different from what you used to do on weekends? If so, how is it different?

Education:

- How is school? What grade are you in? What are some of the things that you like best about school? What are some of the things that you like the least about school?
- Are there any subjects at school, like math or reading that are hard for you? If so, do you get any kind of special help with these subjects?
- Where do you go after school? How do you get there? What do you do after school? Do you like doing this?

Health:

- Have you been to see a doctor since you've been living with _____? What did you see this doctor for? Have you been to any other doctors? If so, why?
- Have you seen a dentist since you've been living with _____?
- Do you go to see a counselor or therapist? What is this like for you? Do you know why you are seeing them?

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Ozretich, R., & Bowman, S. (2001). Middle Childhood and Adolescent Development. Corvallis, OR: Oregon State University Extension Service.

Middle Adolescence (13 – 17 years old)

Safety Checklist for Caregiver:

- ✓ When you are not at home, who provides supervision? Is there a way for your youth to reach you when you are away from home?
- ✓ How does your youth get to and from school?
- ✓ Do you know where your youth is when s/he is not at school and away from home? Is there a way for your youth to reach you when s/he is away from home?
- ✓ Do you know who your youth's friends are?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does your youth know what to do in case of an emergency? Does your youth know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ Did this youth have any serious injuries, either before or since coming into your care?
- ✓ Do you have a First Aid Kit in your home? Does your youth know where it is and how to use it?
- ✓ Does your youth have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you feel your youth is able to exhibit good judgment when approached by strangers?
- ✓ Have you explained the concept of date rape to your youth. Have you empowered your youth to resist being pressured or forced into unwanted sexual activity?
- ✓ Have talked with your youth about the health risks of alcohol, tobacco, and drug abuse.

Safety Checklist for Youth:

- ✓ Do you know the address and telephone number at _____'s (caregiver's name) house? What is it?
- ✓ Who provides supervision for you when _____ (caregiver's name) is not at home? How do you feel about staying with this person? Do you know how to reach _____ (caregiver's name) when they are away from home?
- ✓ Do you feel safe living with _____ (caregiver's name)? What are some things that make you feel safe? Are there situations where you feel not safe living with _____ (caregiver's name)? What are some of those situations?
- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school?
- ✓ Does _____ (caregiver's name) know where you are when you are away from home and not at school?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him or her?

Well-Being & Permanency Questions for Caregiver:

- What is it like for you to care for this youth? What has been the effect on your family of having this youth placed here? What did you expect it to be like?
- Describe who this young person is. What about the youth is easiest and most pleasurable? What is the most difficult aspect of caring for this young person?
- How has this young person changed since coming here? What do you think about that? How has the youth adjusted to this placement?
- What are the goals for this youth and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the youth? Does this youth maintain contact with his/her siblings?
- What are the services this youth is receiving? What do you think/feel about those? What do you think that this youth needs?

Well-Being & Permanency Questions for Youth:

Living Arrangements:

- How is it for you living at _____'s house?
- Who else lives here with you? What do you think about these other people who live here? What is it like living with them?
- Do you know why you are living here with _____ (caregiver's name)?
- How do you feel about _____ (caregiver's name)? How do you think that they feel about you?
- How do you wake up in the morning?
- What do you do in the morning to get ready for school? Does anyone help you? If so, what do they do?
- Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
- Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
- Who makes you dinner?
- Where do you sleep? Do you share a room with anyone? Who? What is it like for you?
- Are there things that you can and can't do at _____'s house? What are some of these rules? What happens if you break a rule? How often does this happen?

Goal Setting and Planning

- Do you feel involved in the development of your service plan?
- Do you feel listened to by the adults in your life about your future plans?
- Have you been given the opportunity to participate in youth leadership activities?

Special Interests:

- How do you like to spend your free time on the weekends? What do you like to do? Who do you do this with?
- What are your hobbies?
- What sports do you like to play?
- Do you like to read? What are your favorite books, magazines?
- Are you involved in any cultural group or activity? What could we do to help you be more involved in this?
- Are you involved in any after-school or social group? (sports, scouting, hobbies, arts, etc.) What could we do to help you be more involved?

Education:

- What do you like most about school?
- What are your favorite subjects? What subjects are difficult for you?
- Are you receiving help with these subjects?
- Have you thought about what you would like to do after high school?
- What types of careers are you interested in?

Employment:

- Have you ever worked? What types of jobs have you held?
- What types of jobs have you like best?
- What part of the job did you enjoy most?

Cultural/Spiritual Awareness:

- Do you participate in any cultural activities?
- Have there been opportunities for you to participate in activities specific to your cultural heritage? What types of activities?
- What are some things you do that nurture your spirit? e.g., art, martial arts, meditation, religious classes, going to church, prayer groups, etc.
- Are you involved in a religion? Are you able to participate in services or events connected to your religion?

Family and Friends:

- Who do you call family?
- What are the visits with your family like?
- Do you maintain regular contact with your siblings?
- How is your family helping you prepare for your future?

- Do you have a group of friends you feel close to?
- If not, how could we help you develop relationships?

- Are you involved with someone special?
- Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?
- Is there someone who you would like to visit with and cannot?

Social Skills:

- What do you like most about yourself?
- Are you comfortable: Meeting new people? Speaking up for yourself at home, school, work, or with friends?
- Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? Do you feel that you have a good handle on controlling your anger?

Health:

- How have you been feeling physically?
- Have you seen a doctor or dentist recently?
- If you are on medication; do you take it regularly and who administers it?
- Have you had any physical reactions?
- Do you do any physical exercise?
- Are you comfortable with you personal appearance?

Life Skills:

- Has the agency made life skills groups and instruction available to you?
- Do you feel you are able to manage your money?
- Do you have a savings account?
- Do you do your own laundry?
- Do you cook? What do you like to cook?
- Do you main
- Are you able to get around your city or town?
- Are you thinking about taking driver's education and obtaining your driver's license?

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Understanding Youth Development: Promoting Positive Pathways of Growth. United States Department of Health and Human Services. Family and Youth Services Bureau. January 1997.

Late Adolescence (18 - 21 years old)

Safety Checklist for Caregiver:

- ✓ When you are not at home, who provides supervision? Is there a way for the youth in your care to reach you when you are away from home?
- ✓ How does your youth get to and from school and/or work?
- ✓ Do you know where your youth is when s/he is not at school/work? Is there a way for your youth to reach you when s/he is away from home?
- ✓ Do you know who your youth's friends are?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does your youth know what to do in case of an emergency? Does your youth know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ Did this youth have any serious injuries, either before or since coming into your care?
- ✓ Do you have a First Aid Kit in your home? Does your youth know where it is and how to use it?
- ✓ Does your youth have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you feel your youth is able to exhibit good judgment when approached by strangers?
- ✓ Have you explained the concept of date rape to your youth. Have you empowered your youth to resist being pressured or forced into unwanted sexual activity?
- ✓ Have talked with your youth about the health risks of alcohol, tobacco, and drug abuse.

Safety Checklist for Youth:

- ✓ Do you know the address and telephone number at _____'s (caregiver's name) house?
- ✓ Who provides supervision for you when _____ (caregiver's name) is not at home? How do you feel about staying with this person? Do you know how to reach _____ (caregiver's name) when they are away from home?
- ✓ Do you feel safe living with _____ (caregiver's name)? What are some things that make you feel safe? Are there situations where you feel not safe living with _____ (caregiver's name)? What are some of those situations?
- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school and/or work?
- ✓ Does _____ (caregiver's name) know where you are when you are away from home and not at school or work?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him or her?

Well-Being & Permanency Questions for Caregiver:

- What is it like for you to care for this youth? What has been the effect on your family of having this youth placed here? What did you expect it to be like?
- Describe who this young person is. What about the youth is easiest and most pleasurable? What is the most difficult aspect of caring for this young person?
- How has this young person changed since coming here? What do you think about that? How has the youth adjusted to this placement?
- What are the goals for this youth and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the youth? Does this youth maintain contact with his/her siblings?
- What are the services this youth is receiving? What do you think/feel about those? What do you think that this youth needs?

Well Being & Permanency Questions for Youth:

Living Arrangements:

- How are your living arrangements?
- Who else lives here with you? What do you think about these them?
- What is it like living with them?

Goal Setting and Planning:

- Do you feel involved in the development of your service plan?
- Have you been involved in planning for your discharge from foster care?
- Do you feel listened to by the adults in your life?
- Have you been given the opportunity to participate in youth leadership activities?
- Has the agency made life skills groups and instruction available to you?

Special Interests:

- How do you like to spend your free time? What do you like to do? Who do you do this with?
- What are your hobbies?
- What sports do you like to play?
- Do you like to read? What are your favorite books, magazines?

Education:

- What do you like most about school?
- What are your favorite subjects? What subjects are difficult for you?
- Are you receiving help with these subjects?
- What are your educational plans after high school?
- What types of careers are you interested in?
- Have you contacted colleges or vocational schools?
- Have you explored your states ETV program as well as other financial aid programs?

Employment:

- Have you ever worked? What types of jobs have you held?
- What types of jobs have you like best?
- What part of the job did you enjoy most?
- Do you have a resume?
- Do you have forms of identification? social security card, birth certificate?

Cultural/Spiritual Awareness:

- Do you participate in any cultural activities?
- Have there been opportunities for you to participate in activities specific to your cultural heritage? What types of activities?
- What are some things you do that nurture your spirit? e.g., art, martial arts, meditation, religious classes, going to church, prayer groups, etc.
- Are you involved in a religion? Are you able to participate in services or events connected to your religion?
- Are you involved in any groups? (sports, scouting, hobbies, arts, etc.)
What could we do to help you be more involved?

Family and Friends:

- Who do you call family?
- Do you maintain regular contact with your family and siblings?
- How are those contacts going?
- How is your family helping you prepare for your future?
- Do you have a group of friends you feel close to?
- If not, how could we help you develop relationships?
- Are you involved with someone special?
- Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?
- Do you have a support network to help you when you leave foster care?

Social Skills:

- What do you like most about yourself?
- Are you comfortable: Meeting new people? Speaking up for yourself at home, school, work, or with friends?
- Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? Do you feel that you have a good handle on controlling your anger?

Health:

- How have you been feeling physically?
- Have you seen a doctor or dentist recently?
- If you are on medication; do you take it regularly and who administers it?
- Have you had any physical reactions?
- Do you do any physical exercise?
- Are you comfortable with you personal appearance?
- Do you have a copy of your medical history?
- Do you have a plan for attending to your medical needs after you leave care?

Housing:

- When do you think you will move out of your current living arrangements?
- What type of living arrangement are you thinking about? e.g., living alone, sharing with a roommates, renting a room, etc.
- Do you understand how to search for an apartment?
- Do you understand what it takes to maintain your own apartment?
- Are you aware of any subsidized housing options available to youth leaving care?

Life Skills:

- Do you feel you are able to manage your money?
- Do you have a savings account?
- Have you developed a budget for managing your living experiences after you leave care?
- Do you do your own laundry?
- Do you cook? What do you like to cook?
- Do you need any help in developing household management skills?
- Are you able to get around your city or town?
- Are you thinking about taking driver's education and obtaining your driver's license?

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