Home Study Type

|  |  |  |
| --- | --- | --- |
| Counselor Name:  | Children to be placed:  | Investigation Number:  |
| Date Home Study Conducted:  | **Child’s relationship to caregiver (if any):**   | Court Case No.  |
|  |  |  |

(Please note: If any of above fields are not applicable, please leave blank)

**Initial Home Study**

**Section I:**

**A. Please note that caregiver Social Security numbers are NOT to be included on this home study; document number elsewhere.**

|  |
| --- |
| Identifying Information |
| Caregiver 1:  | Caregiver 2:  |
| DOB:  | Dr. Lic.  | DOB:  | Dr. Lic.  |
| Viewed Social Security Verification: Yes  | Viewed Social Security Verification: Yes  |
| Address | Address:  |
| City: Ocala | City: Ocala |
| State & Zip Code: FL  | State & Zip Code: FL  |
| County: Marion | County:     Marion |
| Home Phone: none  | Home Phone: none |
| Cell:  | Cell:  |
| Home E-mail Address:   | Home E-mail Address:  |
| Fax:  | Fax:  |
| Alternate Contact (Name and number):  | Alternate Contact (Name and number):  |
| Employer:  | Employer:  |
| Work Phone:  | Work Phone:  |
| Work Schedule Leave home | Return Home  | Work Schedule Leave home  | Return Home  |
| Marital Status:  | Marital Status:  |
| Language Spoken:  | Language Spoken:  |
| Race:  | Race:   |
| Ethnicity/Culture:  | Ethnicity/Culture:  |
| FL Residence Length:  | FL Residence Length:  |
| All other states of residence and length:  | All other states of residence and length:  |

B.

|  |  |
| --- | --- |
| Contact Information | Date |
| Date Application Received by Agency |  |
| Date of Initial Contact With Family |  |
| Initial Home Interview |  |
| Date MAPP completed (if Applicable) |  |
| Additional Home Interview (if Applicable) |  |
| Additional Home Interview (if Applicable) |  |
| Additional Home Interview (if Applicable) |  |

C. Documents and information to be provided to applicants as applicable to type of placement, and date provided.

|  |  |
| --- | --- |
| Information Shared With Applicants | Date |
| Affidavit of Good Moral Character |  |
| Consent to Release Information |  |
| Florida Adoption Reunion Registry |  |
| Florida Adoption Assistance Program |  |
| Information Packet Sent – Adoptive Home |  |
| Information Packet Sent – Foster Home |  |
| Information regarding services available from the local agency (referrals) |  |
| Medicaid Eligible Relative/Non-Relative |  |
| Receipt of Rights and Responsibilities (Dependency Process) |  |
| Receipt of Grievance Brochure |  |
| Relative Caregiver Program information |  |
| Sudden Infant Death Syndrome (Recommendations on safe infant sleeping practices; attached) |  |
| Support System Available in Community |  |
| Tax Information for Adoptive Parents |  |
| Temporary Assistance to Needy Families (TANF) Information |  |
| Tuition Waiver |  |
| Water Addendum (attached) |  |

D.

|  |
| --- |
| Other Household Members – **Do NOT document Social Security Numbers on this home study; record elsewhere in FSFN** |
| Name of Member | Relationship to Caregiver | Date of Birth/Age | Social Security # Verification | Race | Ethnicity/Culture | Primary Language Spoken | Marital Status | Employer | Place of Birth | FL. Residence Length |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

START\_DYNAMIC\_TABLE=OTHER HOUSEHOLD

E.

|  |
| --- |
| Children Currently in the Home Who Were Placed by the Department or Other Agency |
| First Name/Last Initial **Only** | Date of Birth/Age | Type of Placement | Date Placed in Home | Race | Ethnicity/Culture | Primary Language Spoken | Special Needs or Concerns | Placement Considerations |

START\_DYNAMIC\_TABLE=CHILDREN

F.

|  |
| --- |
| **All Minor and Adult children of Primary Caregiver(s) Who Do Not Currently Reside in Home** |
| Name |  |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |  |
| Relationship to Caregiver |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |
| Frequent Visitor? Check appropriate box; if yes, must be background screened. | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |

G. Persons approved to provide back-up and respite for the family. This should include at a minimum names and contact information for those persons.

**Section II.** A. Background check for: (name of individual being screened): CAREGIVER **#1** (Name):

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist Items | Date Requested | Date Received | N/A |
| **Abuse/Neglect Check** – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed. |  |  |  |
| **Abuse/Neglect Check - Other States** - This checklist item records that the Abuse/Neglect Check Other States has been completed. *(Include checks for all other states in which the individual has previously resided)*  |  |  |  |
| **Clerk of Courts –** This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/or Orders of Protection). |  |  |  |
| **Criminal Background Check - Dept. of Motor Vehicles** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement. |  |  |  |
| **Criminal Background Check - Dept. of Corrections** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement. |  |  |  |
| **Criminal Background Check - Federal** - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement. |  |  |  |
| **Criminal Background Check - State** - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement. |  |  |  |
| **Criminal Background Check – Local (County)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |  |  |  |
| **Criminal Background Check – Local (City)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |  |  |  |
| **Fingerprints Submitted** - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement. |  |  |  |
| **Juvenile Justice Check** - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed. |  |  |  |
| **Sexual Offender Registry –** This checklist item records the date that the Sexual Offender Registry check was completed. |  |  |  |

Background check for: (name of individual being screened): CAREGIVER **#2** (Name):

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist Items | Date Requested | Date Received | N/A |
| **Abuse/Neglect Check** – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed. |       |       |  |
| **Abuse/Neglect Check - Other States** - This checklist item records that the Abuse/Neglect Check Other States has been completed. *(Include checks for all other states in which the individual has previously resided)*  |       |       |  |
| **Clerk of Courts –** This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/or Orders of Protection). |       |       |  |
| **Criminal Background Check - Dept. of Motor Vehicles** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement. |       |       |  |
| **Criminal Background Check - Dept. of Corrections** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement. |       |       |  |
| **Criminal Background Check - Federal** - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement. |       |       |  |
| **Criminal Background Check - State** - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement. |       |       |  |
| **Criminal Background Check – Local (County)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |       |       |  |
| **Criminal Background Check – Local (City)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |       |       |  |
| **Fingerprints Submitted** - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement. |       |       |  |
| **Juvenile Justice Check** - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed. |       |       |  |
| **Sexual Offender Registry –** This checklist item records the date that the Sexual Offender Registry check was completed. |       |       |  |

Results of Background Checks for (#)      “Other Persons” in this household are located immediately following the Signature page.

Background check for: (name of individual being screened): **OTHER PERSON (Name):**

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist Items | Date Requested | Date Received | N/A |
| **Abuse/Neglect Check** – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed. |  |  |  |
| **Abuse/Neglect Check - Other States** - This checklist item records that the Abuse/Neglect Check Other States has been completed. *(Include checks for all other states in which the individual has previously resided)*  |  |  |  |
| **Clerk of Courts –** This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/or Orders of Protection). |  |  |  |
| **Criminal Background Check - Dept. of Motor Vehicles** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement. |  |  |  |
| **Criminal Background Check - Dept. of Corrections** - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement. |  |  |  |
| **Criminal Background Check - Federal** - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement. |  |  |  |
| **Criminal Background Check - State** - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement. |  |  |  |
| **Criminal Background Check – Local (County)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |  |  |  |
| **Criminal Background Check – Local (City)** - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome). |  |  |  |
| **Fingerprints Submitted** - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement. |  |  |  |
| **Juvenile Justice Check** - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed. |  |  |  |
| **Sexual Offender Registry –** This checklist item records the date that the Sexual Offender Registry check was completed. |  |  |  |

B. The purpose of this section is to simply list findings and note any disqualifiers; any criminal and/or abuse records and implications for placement are to be explored in detail in the narrative portion of this home study (Section III M).

|  |
| --- |
| Criminal History |
| Do any household members or frequent visitors age 12+ have a criminal history?Yes No**Offending Persons: \_\_**     **\_\_\_\_**If a criminal history exists, do the charges result in immediate home study disqualification?Yes No | If yes, document the criminal history results received for each individual.       |
| Have any household members or frequent visitors age 12+ been listed on the *Florida Safe Families Network?*Yes  No**Offending Persons: \_\_**     **\_**If an *abuse/neglect* history exists, do the findings result in immediate home study disqualification?Yes  No | If yes, document date the intake(s) was received, maltreatments addressed, and findings for each individual.       |

**Section III**

This section is intended to be a descriptive narrative assessment of the overall functioning of the family and their capacity to provide a safe and appropriate placement for children. *To assist in your interview with the family, sample questions are provided at the end of this document.*

1. INTEREST

|  |
| --- |
| MOTIVATION (*Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If this is for placement of a specific child, describe any prior knowledge/relationship that exists between the child and caregiver. If a two-parent household, address both caregivers’ mutual desire to care for the child.)* |

2. FAMILY ASSESSMENT

|  |
| --- |
| A. CAREGIVER HISTORY *(Describe/discuss each caregiver separately including childhood history. Discuss issues including significant losses, life milestones and any experiences with substance abuse, and/or domestic violence, whether past or current, either as a child or adult. Address treatment received and/or needed.)* |

|  |
| --- |
| B. CAREGIVER FUNCTIONING *(Describe/discuss each caregiver separately including mental, emotional, physical, responses to stress, and adaptive behaviors. Identify the family’s willingness to share information.)* |

|  |
| --- |
| C. EDUCATION AND EMPLOYMENT *(Describe/Discuss the level of education [including literacy], employment history and job skills.)*  |

|  |
| --- |
| D. MARRIAGE/PARTNERS *(Describe each caregiver’s current and previous marriages and significant relationships. Discuss methods of conflict resolution; include reasons for dissolutions/divorces and address children involved. Document all marriage and divorce verifications.)* |

|  |
| --- |
| E. FAMILY LIFE *(Describe relationship between household members and extended family and friends. Identify the family’s formal and informal support systems, including current and anticipated childcare arrangements. Describe the family’s cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities and/or cultures. Describe feelings about children and parents involved in the child welfare system.)* |

|  |
| --- |
| F. CHILD ASSESSMENT AND EXPECTATIONS *(Respond in terms of the family’s own children, or other children already residing in the home [not children to be placed as a result of this home study]. Discuss each child separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges.)*  |

|  |
| --- |
| G. PARENTING PRACTICES *(Describe/discuss each caregiver separately including capacity, skills and experiences. If caregiver has not parented a child, discuss caregiver’s child caring experiences and any qualities that would contribute to successful parenting practices.)* |

|  |
| --- |
| H. DISCIPLINE *(Describe/discuss each caregiver separately with regard to disciplinary beliefs and practices, including their own childhood disciplinary experiences. Discuss forms of discipline for each child in the home and plans for any prospective child placed.)* |

|  |
| --- |
| I. PHYSICAL ENVIRONMENT *(Discuss the physical environment, including a description of the home; address the interior, exterior, number of rooms, bathrooms, etc., and sleeping arrangements. What changes, if any, need to be made in order to accommodate child/ren? Assess the overall safety of the physical environment; for additional specific required questions, please refer to Section V.* *For foster parent licensure, attach a floor plan, and address radon and sanitation inspections, if applicable).*  |

|  |
| --- |
| J. AGENCY INVOLVEMENT AND INTERVENTIONS (*Describe/discuss acceptance of agency supervision. Discuss capacity to protect child from all unauthorized contacts. Assess ability and willingness to participate in the judicial process and to comply with all court orders, the case plan [including concurrent planning] and agency directives).*  |

|  |
| --- |
| K. CHILDREN PREVIOUSLY ADOPTED OR PERMANENTLY PLACED *(Describe/discuss the adjustment and integration of children previously adopted by or permanently placed with the family.* *Discuss any failed placements in terms of the cause, resolution, and any differences or changes that will be made in future placements as a result of lessons learned.)* |

|  |
| --- |
| L. READINESS FOR ADOPTIVE/FOSTER PARENTING/PLACEMENT *(Describe/discuss each caregiver’s acceptance of removal and placement in out of home care and willingness to support reunification efforts [if applicable], including visitation and contact between the child, parents, siblings, relatives and others. Identify the strengths of the family to assess whether or not they can provide a secure, safe, nurturing/loving environment for the child. Describe the caregiver’s willingness to accept the child’s potential resistance to placement and any possible behavioral or other challenges. For adoption cases, discuss the family’s willingness to help support and preserve connections significant to the child).* |

|  |
| --- |
| M. REFERENCES/VERIFICATIONS AND BACKGROUND SCREENING *(Describe/discuss results of criminal, abuse/neglect, delinquency history, local law, NCIC and FDLE checks. Address any placement implications as a result of this information. Also include references received from employers, the school and/or daycare the children in the household attend, neighbors, etc.)* |

**Section IV. The purpose of this section is to ensure that the family has (or can access) adequate resources to support their family and any additional children.**

|  |
| --- |
| DETERMINATION OF FINANCIAL SECURITY, RESOURCES AND CHILD-CARE ARRANGEMENTS |
|  | Caregiver 1Name:  | Caregiver 2Name:  | Household |
| 1. Current Employer |  |  | 8. Combined Monthly | $  |
| 2. Employer’s Address |  |  | Income |
|  |  |  | 9. Expenses |  |
| 3. Length of Current Employment |  |  | * Housing
 | $  |
| 4. Hours and Shifts Worked |  |  | * Utilities
 | $  |
| 5. Gross Salary | $ |  | $ |  | * Transportation
 | $  |
|  |  | weekly biweeklymonthly |  | weekly biweeklymonthly | * Food/Supplies
 | $  |
| 6. Medicaid Eligible? |  |  | * Medical
 | $  |
| 7. Additional Support or Income | $ |  | $ |  | * Child Care
 | $  |
| * Social Security Benefits
 | $ |  | $ |  | * Car Payment
* Car Insurance
* Other Bills (list)
 | $ $ $  |
| * Retirement Benefits
 | $ |  | $ |  |  |  |
| * WAGES (Temporary Case Assistance)
 | $ |  | $ |  |  | $  |
| * Disability Benefits
 | $ |   | $ |   |  | $  |
| * Other
 | $ |   | $ |   |  | $  |
| Total | $ |  |  | $ |  |  | Total Monthly Expenses | $  |
| Conclusions |
| 10. Does the family have sufficient funds to support their current expenses? Yes  No |
| 11. Will child care or after-school care be needed?  Yes  No If yes, how will it be provided?       |
| 12. What new expenses are anticipated for the child(ren) to be placed in the home?       |
| 13. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? Yes  NoExplain:       |
| 14. Does the family want to be referred to Economic Self-Sufficiency Service for consideration of the relative caregiver payment?  Yes  No  NA |
| 15. What services will the family need in order to help ensure placement stability? (List all)       |

**Section V. The purpose of this section is to assess the family’s commitment and ability to care for the child in the prospective home environment.**

|  |  |
| --- | --- |
| NAMES Caretaker #1  | Caretaker #2  |
| Ask each caregiver the following: | Yes/No | Provide an explanation: | Yes/No | Provide an explanation: |
| 1. How long are you willing to provide care for the child(ren) being placed in your home? |  |  |  |  |
| 2. Are you willing to provide care until permanency is achieved (permanency could take twelve (12) months or more)? |  |  |  |  |
| 3. Do you have a strong desire to care for children? |  |  |  |  |
| 4. Do you have an understanding of reason(s) for out-of-home placement? |  |  |  |  |
| 5. Do you have an understanding of child-specific care needs? |  |  |  |  |
| 6. Do you have family and/or other sources of support? |  |  |  |  |
| 7. Do you possess a willingness to follow through with referrals and services if needed? |  |  |  |  |
| 8. Are you in good health? Are you under a doctor’s care for any medical conditions? What prescribed medications do you take? List all. |  |  |  |  |
| 9. Do you have a life free of substance or chemical dependency? |  |  |  |  |
| 10. Do you have a history of mental illness? Are you currently a client of a mental health provider or clinic? |  |  |  |  |
| 11. Do you have a history of domestic violence, fighting, or battery? |  |  |  |  |
| 12. Do you have a childhood free of abuse/neglect? |  |  |  |  |
| 13. Are you willing to assist with reunification efforts (including visits)? |  |  |  |  |
| 14. Are you willing to raise child(ren) if reunification cannot be accomplished? |  |  |  |  |
| 15. Are you willing to participate in case plan and attend court hearings? |  |  |  |  |
| 16. Are you committed to following through with any court restrictions on parental visitation?  |  |  |  |  |
| 17. Are you committed to support sibling visitation, if applicable? |  |  |  |  |
| 18. Do you have pets? Are they well taken care of and are there appropriate safety precautions in place for the child(ren) being placed in your home?  |  |  |  |  |
| 19. Are pet vaccinations up-to-date? (Check veterinarian certificate.) |  |  |  |  |
| 20. Will the child(ren) be required to change schools if placed with you? What is your plan?  |  |  |  |  |
| 21. What type of transportation is available to you? |  |  |  |  |
| 22. If applicable, do you have car seats for each child as required? |  |  |  |  |
| **FOR PERSON CONDUCTING HOMESTUDY TO ANSWER ABOUT THE PROSPECTIVE FAMILY AND ENVIRONMENT:** |
| **Assessment Information:** | **Yes/No** | **Provide a complete explanation:** |
| 1. Is the home adequately furnished? |  |  |
| 2. Will the caregiver(s) provide each child with adequate and appropriate sleeping arrangements? (Discuss co-sleeping restriction.) |  |  |
| 3. Is the child being placed a victim or a perpetrator of sexual abuse? If so, is there an appropriate safety plan in place?  |  |  |
| 4. Are there any visible hazardous conditions, *including level of cleanliness,* which would be dangerous to the child’s health and safety? |  |  |
| 5. Are there appropriate, child-proof locks on all doors?  |  |  |
| 6. Are medicines, alcohol, cleaning agents out of reach of children? |  |  |
| 7. Are there guns? If so, are the gun(s) and ammunition in separate locked cabinets? |  |  |
| 8. Is there a pool? If so, are there appropriate safety measures (i.e. locks unreachable to children, fences, gates, etc.)? (Discuss water addendum) |  |  |
| 9. Are there smoke/fire alarms? Is there an appropriate evacuation plan?  |  |  |
| 10. Are there any **restrictions** for children residing in this home (i.e. Section 8, HUD, apartment restrictions, home owner association)?  |  |  |
| 11. If a “non-relative,” are caregivers willing to become a licensed foster home? (This is not a requirement) |  |  |
| 12. Caregivers are required to complete a health screening for the child(ren) within 72 hours of placement; are they willing to do so?  |  | Appointment is required.  |
| 13. Caregivers are required to complete fingerprinting within 5 days of placement; will they comply?  |  | Appointment is required.  |
| 14. For a parental (non-reunification), relative, or non-relative placement, is the child open to being placed with this caregiver? |  | Address the child’s feelings about this prospective placement.  |
| **FOR PERSON CONDUCTING HOMESTUDY TO COMPLETE WITH REGARD TO EACH CAREGIVER:** |
| Caregiver #1:  | Yes/No | Provide an explanation: | Yes/No | Caregiver #2: : |
| 1. Understands and is able to meet the child’s need for protection. |  |  |  |  |
| 2. Understands the child’s need for care and permanency. |  |  |  |  |
| 3. Has been counseled on dependency proceedings. |  |  |  |  |
| 4. Will provide adequate and nurturing care. |  |  |  |  |
| 5. Has an adequate and safe home. |  |  |  |  |
| 6. Has a history free of perpetrating child abuse and/or a criminal record. |  |  |  |  |
| 7. Is financially able to care for the child. |  |  |  |  |
| 8. Can provide long-term permanency if needed. |  |  |  |  |

**To the best of my knowledge, I have given (AGENCY) truthful information on all questions asked of me.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   |  |
| Printed Name | Date | Printed Name | Date |
| Prospective Caregiver #1 |  | Prospective Caregiver #2 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature (Required) Date Signature (Required) Date

Prospective Caregiver #1 Prospective Caregiver #2

A. APPROVAL/DENIAL AND RECOMMENDATIONS

Family Name:

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of (AGENCY) that the following course of action be taken on this placement/license:

1. License for Foster Home Approve  Denied
2. Adoptive Home Approve  Denied
3. Parental Placement (NOT a Reunification) Approve  Denied
4. Relative Placement Approve  Denied
5. Non-Relative Placement Approve   Denied
6. ICPC ONLY (Preliminary/Step 1) Approve  Denied
7. ICPC ONLY (Final/Step 2) Approve  Denied
8. Approval/Denial is postponed pending the family’s decision whether to proceed with an improvement plan to overcome the following conditions and utilize the identified services.

State reasons for denial or non-approval.: The reasons must be documented in the home study (address concerns.) Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.

B. SIGNATURE PAGE

SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature (Required) Date Signature (Required) Date

Child Protective Investigator Child Protective Investigator Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature (Required) Date Signature (Required) Date

Case Manager Case Manager Supervisor

AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement):

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Signature Date Signature Date

Specialist Licensure

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Program Director Executive Director

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**Section VI. This section is to be used to help determine what strengths of the family can best be matched to the needs of the child, by reflecting those child characteristics which the family feels they can most appropriately and successfully parent.**

Home Evaluation for the Placement of Children

|  |
| --- |
| Characteristics Checklist For Placement Matching*Mark “X” for all that apply.* |
|  **P= Preferred WC= Would Consider** **A= Acceptable U= Unacceptable** | **P** | **A** | **WC** | **U** |
| **Gender/Sex of Child** |  |
| Male |  |  |  |  |
| Female |  |  |  |  |
| **Race/Ethnicity/Culture of Child** |  |
| A child of the same racial/ethnic/cultural background as that of the family |  |  |  |  |
| A child of a different racial/ethnic/cultural background as that of the family |  |  |  |  |
| A child of any racial/ethnic/cultural background |  |  |  |  |
| **Number/Type of Children** |  |
| One Child |  |  |  |  |
| Two Children |  |  |  |  |
| Three Children |  |  |  |  |
| Four or More Children |  |  |  |  |
| Teen Parent with Child |  |  |  |  |
| **Age of Child** |  |
| 0-2 Years of Age |  |  |  |  |
| 3-5 Years of Age |  |  |  |  |
| 6-8 Years of Age |  |  |  |  |
| 9-11 Years of Age |  |  |  |  |
| 12 or Older |  |  |  |  |
| **Health of Child** |  |
| No Significant Health Problems |  |  |  |  |
| Allergies or Asthma (May Require Treatment) |  |  |  |  |
| Hyperactivity (May Require Treatment) |  |  |  |  |
| Speech Problems (May Require Treatment) |  |  |  |  |
| Hearing Problems (May Require Treatment) |  |  |  |  |
| Legally Deaf |  |  |  |  |
| Vision Problems (May Require Treatment) |  |  |  |  |
| Legally Blind |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **P= Preferred WC= Would Consider****A= Acceptable U= Unacceptable** | **P** | **A** | **WC** | **U** |
| **Health of Child (Continued)** |  |
| Dental Problems (May Require Treatment) |  |  |  |  |
| Orthopedic Disorder (May Require Treatment) |  |  |  |  |
| Seizure Disorder (May Require Treatment) |  |  |  |  |
| Other Medical Conditions Which May Require Treatment: |  |  |  |  |
| **Education of Child** |  |
| High Achiever |  |  |  |  |
| Achieving At Grade Level |  |  |  |  |
| Achieving Below Grade Level |  |  |  |  |
| Needs Special Education |  |  |  |  |
| Needs Emotional Handicapped Education |  |  |  |  |
| Needs Tutoring In One or More Subjects |  |  |  |  |
| Has Serious Behavior Problems At School |  |  |  |  |
| **Characteristics And Behavior of Child** |  |
| Generally Quiet and Shy |  |  |  |  |
| Generally Outgoing And Noisy |  |  |  |  |
| Has Emotional Issues Requiring Therapy At Present |  |  |  |  |
| Has Tendency To Reject Father Figures |  |  |  |  |
| Has Tendency To Reject Mother Figures |  |  |  |  |
| Tends to Form Mostly Superficial Relationships |  |  |  |  |
| Has Difficulty Making Friends And Relating with Other Children |  |  |  |  |
| Frequently Wets Bed |  |  |  |  |
| Frequently Wets During The Day |  |  |  |  |
| Frequently Soils Him/Herself |  |  |  |  |
| Masturbates Frequently and/or Openly |  |  |  |  |
| Has Poor Social Skills |  |  |  |  |
| Has A Problem With Lying |  |  |  |  |
| Has A Problem With Stealing |  |  |  |  |
| Frequent Physical Altercations With Other Children |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **P= Preferred WC= Would Consider** **A= Acceptable U= Unacceptable** | **P** | **A** | **WC** | **U** |
| **Characteristics And Behavior of Child (Continued)** |  |
| Tends To Abuse Animals |  |  |  |  |
| Tends To Be Destructive of Personal Property |  |  |  |  |
| Frequently Uses Language You Would Consider Inappropriate |  |  |  |  |
| Has Frequent Temper Tantrums |  |  |  |  |
| Has Difficulty Accepting And Obeying Rules |  |  |  |  |
| Has A History of Inappropriate Sexual Behavior |  |  |  |  |
| Has Sexual Identity and/or Trans-Gender Issues |  |  |  |  |
| Has A History of Running Away |  |  |  |  |
| Has a History of Setting Fires |  |  |  |  |
| **Family History** |  |
| Has Strong Ties To Birth Family |  |  |  |  |
| Has Strong Ties To Foster Family |  |  |  |  |
| Will Need Continued Contact With Siblings In Adoptive Placement |  |  |  |  |
| Has Had a Previous Adoption Disruption |  |  |  |  |
| Has Been Sexually Abused |  |  |  |  |
| Has Been Physically Abused |  |  |  |  |
| Has Been Exposed To Promiscuous Behavior |  |  |  |  |
| Was Conceived As A Result of Rape |  |  |  |  |
| Was Conceived As a Result of Prostitution |  |  |  |  |
| One or Both Biological Parents Has Alcohol Addiction |  |  |  |  |
| One or Both Biological Parents Has Drug Dependency |  |  |  |  |
| One or Both Biological Parents Has A Criminal Record |  |  |  |  |
| One or Both Biological Parents Is/Are Mentally Handicapped |  |  |  |  |
| One or Both Biological Parents Has A Mental Illness |  |  |  |  |
| Agency Has No Information On One or Both Biological Parents |  |  |  |  |
| **Adoptive Family’s Feelings Toward Openness** |  |
| Is Willing To Meet Birth Parents |  |  |  |  |
| Is Willing To Have Contact With Birth Parents Through Intermediary |  |  |  |  |
| Is Willing To Send Correspondence To Birth Parents |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **P= Preferred WC= Would Consider** **A= Acceptable U= Unacceptable** | **P** | **A** | **WC** | **U** |
| **Adoptive Family’s Feelings Toward Openness (Continued)** |  |
| Is Willing To Receive Correspondence From Birth Parents |  |  |  |  |
| Is Willing To Have Child Continue Visitation With Siblings |  |  |  |  |
| Is Willing To Have Child Continue Visitation With Extended Relatives |  |  |  |  |
| Is Willing To Have Child Continue Visitation With Birth Parents |  |  |  |  |
| Is Willing To Receive Demographic Information About Birth Parents |  |  |  |  |
| Is Willing To Distribute Demographic Information To Birth Parents |  |  |  |  |

**Section VII. Photographs of the family and home are typically required for foster home licensure and adoption, but can also be used for the purposes of acquainting children with the prospective family and home environment prior to placement.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Photographs of Family |
|       |       |       |  |
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Photographs of the family and home are typically required for foster home licensure and adoption, but can also be used for the purposes of acquainting children with the prospective family and home environment prior to placement.

|  |
| --- |
| Photographs of Home |
|       |       |       |  |
| Description: |       | Description: |       | Description: |       |  |  |
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HOME STUDY

**FAMILY ASSESSMENT QUESTIONS**

*These questions were not designed as an all inclusive questionnaire but to stimulate thought.*

##### MOTIVATION

* Why do you want to be a relative/non relative caregiver or foster/adoptive parent?
* For a child specific placement, why do you want to care for this child?
* How did you hear about our agency? (Word of mouth, recruitment event, etc.)
* Do you know anyone who is a foster or adoptive parent?
* How did your MAPP training affect your perspective about caring for children not born to you?
* Describe your prior experience as a foster or adoptive parent, or in providing care for children not born to you.

##### CAREGIVER HISTORY

 - Tell me about your mother/father (describe personality, background, values, spiritual beliefs, occupation, hobbies, marriage, etc.)

* What was most important to your mother/father?
* What values did your mother/father teach you?
* In what ways are you like your mother/father?
* In what ways are you different?
* How did your mother/father demonstrate affection and disappointment or disapproval?
* How did they resolve disagreements?
* What types of significant losses, if any, did your family suffer (death/loss of children; chronic illness; miscarriage; infertility)?
* How did the family cope with those losses?
* What subjects, if any, were not discussed in your family?
* What did your parents tell you about sexuality?
* Describe each of your siblings (age, marital status, occupation, hobbies, and current location)?
* What was your relationship growing up, and what is your relationship now??
* Tell me about your school years (describe where you lived, what schools you attended, your best and worst subjects)?
* What school related or extra-curricular activities were you involved in growing up?
* What is the highest grade you completed in school? What did you do after you finished school?
* Where do your parents live? How often do you have contact with them?
* How has your relationship with your mother/father changed over the years?
* What types of significant relationships did you have or do you currently have with other family members?

##### CAREGIVER FUNCTIONING

* What are your strengths and needs?
* What pushes your buttons?
* What is important to you, that is, what do you value?
* How do you deal with other people’s beliefs or values if they differ from yours?
* What are some challenges you have faced as an adult?
* How were you able to work through the situation?
* What makes you angry?
* What do you do when you get angry?
* How would I know you were angry?
* How does your spouse know you are angry?
* How do you express frustration?
* How do you express approval?
* How do you express affection?
* How do you resolve conflict?
* What makes you feel stressed?
* How do you respond to stress or stressful situations?
* What helps you to relieve stress?
* Describe your alcohol use.
* Have you ever experienced depression, anxiety, or panic attacks?
* If yes, please explain the precipitating factors.
* Comment on the stressors/supports from the ecomap.
* In MAPP class, we identified a variety of losses; what losses have you experienced?
* How did you deal with that loss (or those losses)?
* Have you ever sought counseling?
* Under what circumstances would you seek counseling?

##### EDUCATION AND EMPLOYMENT

* What degrees, licenses or certifications do you have?
* What kind of work do you currently do?
* What types of jobs have you had throughout your adult life?
* How long were you employed at each of these jobs, including your current job?
* Discuss reasons for job changes.
* What did you like most about each of those jobs? What did you like the least?

##### MARRIAGE

* How long did you know your spouse before you married?
* What attracted you to your spouse?
* How long have you lived together?
* What are your spouse’s strengths?
* What are your spouse’s weaknesses?
* If you could change one thing about your spouse, what would it be?
* What does your spouse value?
* What challenges have you faced in your marriage?
* How have you overcome them?
* What do you think has been the most difficult period in your marriage?
* Have you ever been separated?
* How does your spouse express anger?
* How does your spouse express frustration?
* What makes your spouse feel stressed?
* When you and your spouse disagree, what is it usually about?
* How do you resolve conflict?
* When compromise isn’t possible, how is the decision made?
* How do you express affection as a couple? Do you verbalize your feelings?
* Are you physically affectionate?
* How would you characterize your sexual relationship?
* Has infertility treatment affected your sexual relationship?
* How are decisions about money made?
* Who manages the family’s finances?
* How much time do you spend together?
* How do you like to spend your time together?
* What leisure time activities do you do without your spouse?
* What would improve your marital relationship?

**For each prior marriage:**

* How long did you know your former spouse before you married?
* What attracted you to your spouse?
* When were you married? When were you separated? When were you divorced?
* What are some of the reasons you believe the marriage didn’t work out?
* Did you see/consider seeing a counselor?
* Did you have children?
* How did the divorce affect your children?
* What is your current relationship with your former spouse and the children from that relationship?
* What is the relationship between your present and former spouse?

##### FAMILY LIFE

 - Are there definite roles in your family?

* What are your responsibilities in the family?
* What are your spouse’s responsibilities?
* What chores do the children have?
* How do you address problems as a family?
* Who has input into decision making?
* What happens when an agreement can’t be reached?
* In your family, what is an acceptable way for a child to express anger?
* How comfortable are your children giving and receiving affection?
* Do you have family members that live in or near Florida?
* What is the extent of the family’s contact with extended family members?
* Tell me about a typical day in your family?
* How much time do you spend together as a family?
* Are you able to make time in the evening or weekends to be together?
* What activities do you participate in as a family?
* What are your additional responsibilities outside family and work?
* What, if any, community organizations are you or your spouse involved in?
* Discuss relevant issues reflected on the ecomap.
* When family/friends visit your home, do they tend to drop in or call first?
* What would improve your family life?
* How are holidays celebrated in your family?
* What traditions does your family have?
* Please describe how you would assure a child placed in your home has the opportunity to practice or participate in his or her religious beliefs or affiliations if different from yours?
* Please explain how you would accommodate different religious or cultural beliefs involving dietary restrictions, clothing, or rituals.

##### CHILD ASSESSMENT AND EXPECTATIONS

* Tell me about each of your children (personality, mood, likes/dislikes, talents, hobbies, activities, health)
* Were there any early health or developmental issues?
* In what area does s/he experience difficulty?
* How have you been able to help him/her overcome these difficulties?
* How does your child express affection?
* How does your child express anger?
* What angers your child?
* What causes your child to be frustrated?
* How does your child cope with frustration?
* How does your child react to your frustration?
* Does your child make friends easily?
* Does your child tend to maintain friendships?
* Are your child’s friends younger, older, or the same age?
* Describe the contact you have with your child’s friends? With his/her parents?
* Describe your child’s challenging behaviors.
* Is school important to your child?
* What is your child’s school performance?
* What difficulties has your child faced in school?
* How have you helped your child overcome these difficulties?
* Does your child have any health problems that affect his/her activities?

##### PARENTING PRACTICES

* What special time are you able to have with each child?
* How do you keep informed about each child’s progress in school?
* What steps have you taken to help your child succeed in school?
* What responsibilities have you given your child?
* What decisions are they able to make for themselves?
* How are responsibilities and privileges connected?
* As a parent, what are your strengths? What are your needs or areas to work on?
* What are your spouse's strengths? What are your spouse’s needs or areas to work on?
* What have you enjoyed the most about being a parent? The least?
* What parenting beliefs and practices do you share with your spouse?
* How do you differ?
* What values do you believe you are teaching your child?
* How are you doing this?
* As a parent, what do you do the way your parents did?
* In what ways have you made an effort to do things differently?
* How much input do your children have in decisions that are made?
* Can your child disagree with you?
* What have you told your child about “good touches/bad touches”?
* What have you told your child about sexuality?
* Does your child have a curfew? What is it?
* Have you taken any parenting classes?
* If divorced, how has the divorce affected your children?
* What has been your relationship with your children since the divorce?
* How often do you see them?
* How do you support them? (Document per F.A.C.)

**For custodial parents**

- What efforts have you made to facilitate your child's relationship with the non-custodial parent?

 - How does your child keep their connections to their mother/father's family (grandparents, aunts, uncles, cousins, etc?)

 - How have you helped your child deal with loss related to the divorce?

**For prospective caregivers**

* Although you have not parented children in the past, describe any other opportunities or experiences you may have with regard to providing care for a child, supervising or assuming a responsible role for children, or acting in a parental capacity.
* Please describe any qualities, skills or strengths you feel will assist you in assuming parental responsibilities for the first time.

##### DISCIPLINE

* How did your parents discipline you as a young child?
* As an older child?
* Who was the primary disciplinarian?
* How are your discipline techniques similar to that of your parents?
* What do you do differently than your parents did with regard to discipline?
* What have been the most effective methods of discipline for your children (discuss at different ages)?
* What behaviors are easy for you to manage? Difficult?
* (For two-caregiver households) Who is the primary disciplinarian in your family, you or your spouse? Why?
* Regarding discipline, what has been your greatest challenge as an individual? As a family?
* What current discipline techniques will you continue to use for your children after other children are placed?
* What is your understanding of the agency’s policy on discipline?
* Do you agree to comply?

##### PHYSICAL ENVIRONMENT

* What changes would you have to make (or have you already made) to accommodate another child?
* Does a room need to be added, or do current sleeping arrangements need to be changed?
* Do you have enough beds? Do you need a crib? (Discuss dangers of co-sleeping; see safety addendum).

##### AGENCY INVOLVEMENT AND INTERVENTIONS

* Do you have the ability and willingness to prohibit unauthorized parental (or other) contact with the child?
* Was the caregiver provided information on the dependency judicial process?
* Were all of the caregiver’s questions about the dependency process and permanency planning answered?
* Was the family provided a copy of the case plan and information on their role & non-community resources?
* Was the relative provided information on TANF child only and the Relative Caregiver Program?
* Was the relative provided with information about the requirement to cooperate with child support and to provide copies of immunization records?

##### CHILDREN PREVIOUSLY PLACED

* Describe the adopted or permanently placed child, age at placement and why the child could not safely return to the birth family.
* Describe at least one method that you used to incorporate the child into your family that was successful.
* Describe at least one method that you used to incorporate the child into your family that was not unsuccessful.
* Describe the child’s adjustment to the school and what you did to assist with the child’s education.
* What effect did the previous child’s placement have on your marriage?
* What was the biggest surprise about this child and the child’s adjustment to your family?
* What types of services did you utilize for the child? Were there services needed but were not available? If so, what did you do?
* How did your family, friends and neighbors react positively and negatively to the child’s placement with your family?
* Did the child have any significant health issues and how did you react?
* Are there any major changes in your family income since the child was adopted or permanently placed with your family?
* What is your motivation to adopt again or have a permanent placement again?
* Name several adults who can describe how the family managed with the previously adopted or permanently placed child and how they believe the family will cope with additional children? (We will use these names to complete updated references.)
* Are there any major changes such as job changes, deaths in the family or medical conditions which may affect the family or your ability to provide for the needs of additional children?
* Are there any additional family members who were not addressed when the initial home study was completed?

##### READINESS FOR ADOPTIVE/FOSTER PARENTING/PLACEMENT

* What is the attitude of all household members toward placement?
* What is the family’s attitude toward the child’s parents, and the relationship with them (if any)?
* What is the plan for daycare or after-school care in the absence of the adult caregiver?
* Who do you use/would you use as a babysitter?
* Would s/he be willing to be screened?
* For a single parent – who will be your designated back-up person?
* Is s/he willing to be screened?
* Does the placement of child(ren) in this home allow the siblings to remain together or participate in the visitation plan as applicable?
* What transportation is available to the caregiver? Are there car seats (as applicable)?
* What is the caregivers’ capacity to care for the child(ren) and the impact the child will have on the family (from family and caseworker’s perspective)?
* What are the expectations the caregivers have for the child to be placed?
* Identify the family’s readiness to adopt, foster, and care for the child (length of time)?
* Identify the strengths of the family to indicate they can provide a secure safe nurturing/loving environment for the child.
* How do your family, friends and neighbors feel about your plans to foster or adopt a child?
* What things do you think will change as a result of a child being placed in your home?
* What things do you think will stay the same despite a child being placed in your home?
* Discuss any concerns present in the home.
* Discuss the child’s feelings about potential placement.
* Inquire how the caregiver would tell the child of his/her identity if this is a home that could ultimately lead to an adoptive placement.

##### REFERENCES/VERIFICATIONS AND BACKGROUND SCREENING

* Do you have background screenings for all household members and frequent visitors age 12+ (including both city & county for local)?
* Do you have all out of state checks (Adam Walsh Act)?
* Have there been any 911 calls or calls for service at the prospective placement address (also, injunctions)?
* Are there any sex offenders in the neighborhood (within one mile radius of residence)? If so, what is the plan to provide supervision?
* Has the family had (or will they have) any exemption hearings?
* Is ARC applicable for this family?

HOME STUDY

**Water Addendum**

**NOTE: A swimming pool or other body of water in the yard can present a very dangerous area for children. Drowning is the number one cause of death for children under five in Florida, Arizona, and California with a ranking of number two for over a dozen other states. For every drowning, there are eleven near drowning incidents, according to government statistics, many of which result in totally disabling brain damage.**

To protect your family from a potentially fatal accident, the following is recommended:

* Never leave your children alone in or near the bathtub, a pool, or any water, even for a moment. Do not be distracted by doorbells, phone calls, chores or conversations. If you must leave the bathroom, pool or water area, take the children with you, making sure the bathroom door is closed, and/or the pool or area gate latches securely when it closes. During social gatherings at or near water, appoint a “designated watcher” to protect children from water accidents. Adults may take turns being the ‘watcher.” When adults become preoccupied, children are at risk around ANY containers of water or liquid, even toilets and bathtubs!
* Post rules such as: “No Running,” “No dunking” and “Never swim alone.” Enforce the rules!
* Instruct baby sitters about potential water hazards to children, even in the bathtub, and about the use of protective devices, such as door alarms and latches. Emphasize the need for contact supervision. Be sure the person watching your children knows how to swim, to get emergency help and to perform CPR.
* If a child is missing, check the pool, bathtub, or water area first. Seconds count in preventing death or disability. Go to the edge of the pool or water area and scan the entire area, bottom of pool and surface of pool or water area.
* Install a fence to separate your house from the water area. Most children who drown in water wander out of the house and fall into the water. The fence should be 5-feet high and completely surround the water area. The fence must completely separate the water area from the house and the play area of the yard.
* Use self-closing gates that self-latch, with latches higher than your children’s reach. Never prop open the gate to a water area. After the children are done swimming, secure the water area so they can’t get back into it.
* Never use a pool with its pool cover partially in place, since children may become entrapped under it. Remove the cover completely.
* Place tables, chairs and other objects well away from the water area fence to prevent children from using them to climb into the water area.
* Keep rescue equipment (such as shepherd’s crook or rescue tube) and a telephone with emergency numbers noted by the water.
* Avoid air-filled “swimming aids” because they are not a substitute for approved life vests and can be dangerous should they deflate.
* Keep toys out of and away from water area when not in use. Children playing with or reaching for toys could accidentally fall in the water.
* Remember, teaching your children how to swim DOES NOT mean your children are safe in the water.
* Don’t assume that drowning or a drowning accident couldn’t happen to you or your family.

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Signature Date Signature Date

Prospective Caregiver Prospective Caregiver

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Signature Date Signature Date

Case Manager Child Protective Investigator

**Sudden Infant Death Syndrome and Ways to Help Prevent It**

**Provide to the caregivers at the time of placing an infant under one (1) year of age!**

Sudden infant death syndrome (SIDS) continues to be a phenomenonof unknown cause and, is still responsible for more infant deathsin the United States than any other cause of death during infancy. According to one report from the U.S. Consumer Product Safety Commission, one of the most tragic aspects of many of these deaths is that they are largely preventable. In many cases, “co-sleeping,” or the practice of the infant sharing the bed with the caregivers, was responsible for the death; the adult placing the baby in the adult bed was unaware of or underestimated the danger posed. The practice of co-sleeping can result in the adult rolling on top of or next to the baby, smothering the infant.

In November 2005, the American Academy of Pediatrics’ Task Force on Sudden Infant Death Syndrome released a policy statement which included risk factors for SIDS and recommendations on how to help prevent it:

***Back to Sleep***

* Infants should be placed “wholly on the back” for sleeping.
* Side-sleeping is no longer advised; one study has shown the risk of SIDS in the side-lying position to be similar to the risk of prone (stomach) sleeping.

***Use a Firm Sleep Surface***

* The recommended surface is a firm crib mattress covered by a sheet.
* Infants should not be placed on soft materials such as pillows, quilts, comforters, or sheepskins.

***Keep Soft Objects and Loose Bedding Out of the Crib***

* This includes all of the things mentioned above, as well as stuffed toys and all other soft objects.
* If bumper pads are used, they should be thin, firm, and well secured.
* Instead of covering the infant with a loose blanket for warmth, sleep sacks and blanket sleepers are recommended.
* If using a blanket, position the infant so that his/her feet are able to reach the foot of the bed, and tuck the blanket around the mattress reaching only to the level of his/her chest.

***Do not smoke***

* Maternal smoking during pregnancy continues to be a major risk factor for SIDS.
* In a few studies, smoking in the infant’s environment *after birth* has also emerged as a risk factor.

***A Separate but Proximate (Nearby) Sleeping Environment is Recommended***

* This is defined as a crib or bassinet placed in the caregivers’ bedroom.
* Bed-sharing between infants and adults is hazardous; infants should NOT share the bed of adults.
* Do not sleep with an infant in bed, on a couch, or in an armchair; this is VERY dangerous.
* Mothers who breastfeed should be alerted to this hazard, and should be encouraged to return the baby to the crib after breast-feeding.
* Room-sharing (infants sleeping in the caregivers’ room, but not the caregivers’ bed) is associated with a reduced risk of SIDS.

***Avoid Overheating***

* The infant should be lightly clothed for sleep; avoid over-bundling.
* Keep the bedroom temperature comfortable for a lightly-clothed adult.
* The infant should not feel hot to the touch.

***Consider Offering a Pacifier at Nap Time and Bedtime***

* Several studies have shown that using pacifiers at the time of sleep may have a “protective effect” on the incidence of SIDS.
* The Task Force recommends that pacifiers be used throughout the first year of life with the following guidelines:
	+ Offer a pacifier when placing the infant down to sleep.
	+ If the infant refuses the pacifier, don’t force him/her to take it.
	+ DO NOT reinsert the pacifier once the infant falls asleep.
	+ Pacifiers should not be coated in any sweet solution.
	+ Pacifiers should be cleaned often and changed regularly.
* For breastfed infants, wait until one month of age to introduce a pacifier.

***Avoid Commercial Devices Marketed to Reduce the Risk of SIDS***

* This refers to devices developed to maintain sleep position or to reduce the risk of re-breathing.
* None of these products have been proven to be safe or effective.

Citations:

http://www.idph.state.ia.us/hpcdp/common/pdf/perinatal\_newsletters/progeny\_oct2006.pdf;

http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML99/99175.html;

American Academy of Pediatrics

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