

Child Exit Interview – Ages 9 to 18

DEV  GCJFCS  DFL

**Instructions:** The following interview is to be conducted within 5 days of a child’s exit from a licensed home or residential treatment setting if the child has been in that setting at least 30 days. The interview should occur in a setting in which the child feels comfortable (not the setting just exited.) The purpose of the interview is to obtain the child’s perspective concerning the safety and quality of care provided, to identify problem areas, and to introduce needed improvements as necessary.

**ALL FIELDS REQUIRED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| Child Name: |  | | | | | | Child D.O.B: | | |  | | | | Age of Child: | |  |
|  | | | | | | | | | | | | | | | | |
| Case Manager Name: | | |  | | | | | | | | | | | | | |
| Case Manager Agency: | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Foster Placement Name: | | | |  | | | | | | | | | | | | |
| Foster Placement Agency: | | | | |  | | | | | | | | | | | |
| Placement Begin Date: | | |  | | | | | Placement End Date: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| Interviewer’s Name: | |  | | | | | | | | | Interview Date: | | | |  | |
| Interview Location: | | New placement  Community  setting  School/Day care  setting | | | | Other:  (*Please indicate other location*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Was Exit Interview completed Face-to-Face?  YES  NO (*If* No, *please explain*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | | | | | | | | | |
| Reason for Placement Change  or Reporting: | | Requires Interview Completion  Disruption  Foster Parent Request Move  Foster Home Closure  Siblings Reunited  Reunification  Adoptive Placement (New Home)  Other: | | | | | | | Does Not Require Interview Completion  Adoption Placement status/no placement change.  Runaway status/unable to complete  at this time; will complete upon  return, if applicable.  Child unavailable due to extenuating  circumstances; will complete when  resolved.  Other-Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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**A. Child Safety and Satisfaction Assessment** (*To be completed by the agency designee and signed by the child*)

Instructions: For each question,circle the answer that most closely corresponds to the response of the child, and then write the actual response of the child in the blank space below the question.

Scale: **3** = **Agree**; **2** = **Neutral**; **1** = **Disagree**.

**Also, provide an explanation for ratings of “1” and “2” in the space below each question**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **NA** | | **Agree** | | **Neutral** | **Disagree** | |
|  | |  | |  | |  |  | |
| 1. Did you feel safe in this foster home/placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 2. Were you treated with respect in this foster home/placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 3. Did you have plenty of food in this foster home/placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 4. Did you have enough clothes in your size and the type you prefer in this foster home/placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 5. Was the foster home/placement clean? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 6. If allowed, were you able to contact your birth parents when you asked? | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 7. Did you have visits with your brothers and sisters? | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 8. Were you able to call your Case Manager when you asked? | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 9. Were you able to call your Guardian Ad Litem and lawyer when you asked? | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 10. Were you properly cared for when you were sick or injured? | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 11. Do you feel this foster home/placement helped you? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 12. Were you comfortable in this placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 13. Were you satisfied with the care you received in this placement? | |  | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 14. I was disciplined fairly when I did something that I was not supposed to. | | N/A | | 3 | | 2 | 1 | |
|  | | | | | | | | |
| 15. I never felt pressured to participate in or not participate in any religious/social  activity. | N/A | | 3 | | 2 | | | 1 |
|  | | | | | | | | |
| 16. What types of rewards did you experience in this home/placement? | | | | | | | | |
|  | | | | | | | | |
| 17. What types of consequences did you experience in this home/placement? | | | | | | | | |
|  | | | | | | | | |
| 18. How were you told when the time came for you to leave this home? By Whom? | | | | | | | | |
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**B. Interviewers Observations:**

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| Document child’s physical and mental state: |
|  |

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| --- |
| Document your professional observations of child’s placement and address all 1 or 2 ratings provided by the child |
|  |

**C. Overall Placement Assessment:**

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|  | | |
| YES | NO | Did the Exit Interview reveal any concerns with the placement? **(must check YES or NO)**  **(If yes, complete section below)** |

|  |  |  |
| --- | --- | --- |
| **IF CONCERNS NOTED, COMPLETE SECTION BELOW**  *(Document follow up actions)* | | |
| **Type of Concern** | | Health or Safety  \*Abuse or Neglect  Discipline  Other |
| YES | NO | Was the Licensing Agency immediately notified of concern? |
| YES | NO | Was the Abuse Hotline Called? |
| **CASE MANAGER FOLLOW-UP ACTIONS :** | | |
|  | | |
|  | | |

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| --- |
| Supervisory Comments/Recommendations (required): |
|  |

**D. Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Signature: |  | Date: |  |
| Interviewer’s Signature: |  | Date: |  |
| Supervisor Signature: |  | Date: |  |
| CMO QM or Director Signature: |  | Date: |  |