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| **Contractor Information** | | | |
| AGENCY NAME | | DATE OF REPORT | |
| AGENCY CASE MANAGER’S NAME | PHONE NUMBER (WITH AREA CODE) | | EMAIL ADDRESS |
| **Child Information** | | | |
| CHILD’S NAME | | CHILD’S WARE # | |
| NAME OF PLACEMENT AND LOCATION | | | |
| WA DCYF WORKER’S NAME | PHONE NUMBER (WITH AREA CODE) | | EMAIL ADDRESS |
| Visit Information | | | |
| LOCATION OF VISIT | | DATE OF MONTHLY VISIT | |
| **Private Face to Face Conversations with a Verbal Child** | | | |
| Does the child report feeling safe in the home? Are they expressing any concerns about the home or the placement? | | | |
| What does the child want and need? What progress has the child made since placement occurred? | | | |
| What are the child’s interests? Is the child involved in normal childhood activities? | | | |
| Does the child report that their caregivers provide safety and support? What makes the child feel safe in their home? | | | |
| Who would they call in an emergency? | | | |
| How does the child describe their daily routine? (meals, homework, play, bedtime) | | | |
| How does the child describe school or childcare? Do they like school or daycare? If no, what do they not like? | | | |
| What do they eat for breakfast, lunch, and dinner? Do they get enough to eat? | | | |
| What does the child do for fun? (friends, activities hobbies, interests) | | | |
| What activities is the child participating in to support ethnic, cultural, and religious needs? | | | |
| What makes them happy or sad? | | | |
| What happens when they get into trouble (disciplined)? What do they get into trouble for? Is food ever withheld from the child? | | | |
| Ask the child about any other concerns, questions or comments they would like to report. | | | |
| The Contractor confirms each child capable of reading, writing, and using the telephone, and has a card with the Washington caseworker’s name, office address and phone number. | | | |
| If the youth is pregnant, discuss service needs and referrals relevant to the youth’s role as a parent; inclusive of the youth’s education plans, Independent Living Services, and (when appropriate and safe) ongoing engagement with the father of the unborn child. | | | |
| **Observations of Verbal Child** | | | |
| How does the child appear developmentally, physically and emotionally? | | | |
| Does the child appear attached or bonded to the caregiver(s)? What observations provide insight into the bond/attachment? | | | |
| Does the child’s living environment accommodate any special needs of the child? | | | |
| **Observations of Non-Verbal Child/Infant** | | | |
| Is the child developmentally, socially and emotionally on track? What observations indicate the child is or is not on track? | | | |
| How does the child appear physically? Any visible marks on the body of concern? Is the child dressed appropriately for the weather? | | | |
| Does the child appear to be an appropriate weight for their age? Does the child have good hygiene and are socially engaged? | | | |
| Does the child’s living environment accommodate any special needs of the child? | | | |
| **Face to Face Conversations with Adoptive Parent(s)** | | | |
| Do all family members feel safe with this child in the home? | | | |
| How is the child adjusting to their home? | | | |
| What is the child’s daily routine? (sleeping, eating, activities, chores) | | | |
| How often is the child bathed? Is the child able to bathe themselves or do they require assistance with bathing? | | | |
| When was the child last seen for medical, dental, or mental health appointments? Where is the child seen for these services? Any concerns arise from these appointments? | | | |
| How often is the child left alone, asleep, or in bed? | | | |
| How often is the child allowed privacy? | | | |
| What is the child interested in? | | | |
| What makes the child happy or upset? | | | |
| If applicable, did siblings placed separately in out-of-home care receive twice monthly visits or contacts? | | | |
| How does the caretaker respond to discipline issues? | | | |
| Does the child engage in self-harm behaviors? If yes, what are these behaviors and what is being done to address these behaviors? | | | |
| Is the child destructive in the home or at any other facility such as school? | | | |
| Does the child have problems with the law or other institutions? | | | |
| Where is the child attending school and what grade are they in? What academic progress has the child made? Does the child receive any additional supportive services through an IEP or 504 plans? | | | |
| How is the child engaging in their ethnic, cultural, and religious traditions? | | | |
| Does the caregiver need support or training to care for this child? Are they willing to accept additional training/support? What type of support/training is requested/needed? | | | |
| Does the caregiver need any in-home assistance, respite or support? Are they willing to accept additional training/supports? What type of support is requested/needed? | | | |
| Are there any significant events in the caretaker’s residence that might impact the care of this child? (death, separation, medical) | | | |
| Ask caregiver for any comments, concerns or questions they may have. | | | |
| **Observations Between Child and Adoptive Parent(s)** | | | |
| How does the child and adoptive parent(s) respond to each other? | | | |
| How does the adoptive parent(s) respond to the child’s verbal and nonverbal cues? | | | |
| **General Observations of the Placement Environment** | | | |
| Is the home free of safety concerns? If no, what are those concerns? Are they being addressed? | | | |
| Is the home clean and well-kept (general condition)? If no, what are the concerns and are they being addressed? | | | |
| Is the child’s room developmentally appropriate in terms of space, furniture, décor, etc.? If no, what is needed to make the space developmentally appropriate? | | | |
| **Other Relevant Information** | | | |
| Identified issues and concerns | | | |
| Current services (outside of medical and dental) | | | |
| Status of the adoption process | | | |
| **General Comments** | | | |
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| **Note:**  **Monthly report is due to the assigned Washington Caseworker and the Adoption Program Manager, by email no later than the 5th day of the following month of the visit by secure email.** | | | |
| CONTRACTOR STAFF’S SIGNATURE DATE | | CONTRACTOR STAFF’S PRINTED NAME | |