|  |  |  |  |
| --- | --- | --- | --- |
| State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Contracted Health and Safety Visit Report** | | | |
| **Contracted Visit Information** | | | |
| AGENCY NAME | | | DATE OF REPORT |
| AGENCY CASE MANAGER’S NAME | PHONE NUMBER (WITH AREA CODE) | | EMAIL |
| **Child Information** | | | |
| CHILD’S NAME | | | CHILD’S CA CASE ID NUMBER |
| PLACEMENT NAME AND LOCATION | | | |
| WA DCYF WORKER’S NAME | PHONE NUMBER (WITH AREA CODE) | | EMAIL |
| **Visit Information** | | | |
| LOCATION OF VISIT | | | DATE OF MONTHLY VISIT |
| **Observations** | | | |
| **Observations should include, but not limited to:**  How does the child appear developmentally, physically and emotionally? | | | |
| How do the caregiver / staff and the child respond to each other? | | | |
| Does the child appear attached or bonded to the caregiver / staff? | | | |
| The placement environment (when the visit occurs in the location where the child lives):   * Free of safety concerns? * Clean and well kept (general condition)? * Are there locks and doors which prevent the child from leaving? * Child’s room (is it developmentally appropriate in terms of space, furniture, décor, etc.)? * Is the facility or household scheduled activities and routine posted and easily visible? | | | |
| Other comments: | | | |
| **Private Face to Face Conversations with a Verbal Child** | | | |
| **Conversation with the child should include, but not limited to:**  Is the child capable of reading, writing and using the telephone and have their case worker and contractor worker’s name, office address and phone number? Does the child have access to a phone or computer? | | | |
| Does the child have monthly contact with their WA DCYF case worker? | | | |
| **Relationship with caregivers:**   1. Does the child feel safe in the placement or have any concerns? | | | |
| 1. How does the caregiver provide safety and support to the child? | | | |
| 1. How many staff generally work during a given shift? Are they actively involved with the youth, or doing their own thing? | | | |
| **Daily routines:**   1. What is this routine in terms of meals, school, activities, treatment and bedtime? | | | |
| 1. How is the food and meals? Do they get enough to eat? | | | |
| 1. What do they do for fun (friends, activities, hobbies, etc.)? | | | |
| 1. What kind of activities is the youth involved in to support their ethnic, cultural and religious well-being? | | | |
| 1. What type of chores is the youth required to do? What happens if youth refuses to do their chores? Do they receive an allowance or additional privileges for doing chores? | | | |
| 1. What makes the child happy or sad? | | | |
| 1. Have they been sick or injured since the last health and safety visit? What happened? | | | |
| How is school going? Is the youth receiving applicable special education services? Are staff available to assist with homework if needed? | | | |
| Does the youth have contact with their parents, siblings, or other family members? If so, how is this going? If not, why not? | | | |
| **Discipline issues:**   1. What are some of the rules of the home or facility that the youth? | | | |
| 1. What are the consequences if the youth breaks a rule? | | | |
| **Case Plan for the youth (including permanency planning):**   1. What does the child know about the current plan? | | | |
| 1. What do they want the adults to know in making future decisions? | | | |
| 1. Is the youth involved in counseling or other treatment services? If so, how are those going? What progress are they making? What do they think should happen next in this area? | | | |
| 1. Is the youth taking any medication? Do they have any concerns about this? | | | |
| Other comments: | | | |
| **Nonverbal Child** | | | |
| **Observations with the nonverbal child should include, but not limited to:**  Is the child developmentally, socially and emotionally on track? | | | |
| How does the child appear physically? Do they appear to be of an appropriate weight, with good hygiene and are socially engaged? | | | |
| Does the child’s living environment accommodate any special needs of the child? | | | |
| How does the caretaker or staff respond to the child’s verbal and nonverbal cues? | | | |
| Other comments: | | | |
| **Summary** | | | |
| Overall impressions of the safety and well-being of the child: | | | |
| CONTRACTOR STAFF’S SIGNATURE DATE | | CONTRACTOR STAFF’S PRINTED NAME | |