

OUT-OF-HOME OBSERVATION REPORT
for
CHLD SAFETY, WELL-BEING-AND PERANCNCY

Kinship/relative or resource/foster parents complete this form prior to the Multidisciplinary Treatment (MDT) meeting or present to the child's primary DHHR child welfare worker. For more on your responsibilities to the MDT team, please refer to the Terms and Information Guide at the back of the placement notebook.

Month_____Year_____
Child's Name: _____
Kinship/Relative/Foster Parent(s) Name: _____
Phone: _____
DHHR Worker: _____

This form is a requirement for all kinship/relative and resource/foster care providers to maintain. It is an opportunity for you to express your observations, concerns, and opinions about the foster child's status and progress. It will become a part of the child's permanent record and may be read by others, in addition to the DHHR child welfare worker. As the person providing 24-hour care and supervision, your input is essential.

Please be as objective and accurate as you can in completing this form.

If you wish to discuss any items with the child's primary DHHR child welfare worker, check the box and briefly describe the issue.

PLEASE CALL ME ABOUT:

(Continue on last page if needed)

OUTCOME: CHILD IS PROTECTED AND NUTURED

(Check all that apply)

Youth Identification Card (when appropriate)

☐ Child has obtained the Youth Identification Card

Level of Nurturing

- ☐ Likes rocking
- ☐ Indiscriminate hugging
- ☐ Resists affection/nurturing
- ☐ Self-soothing (rocking, thumb-sucking, blanket, etc.)
- ☐ Shows affection

- ☐ Accepts hugs
- ☐ Accepts affection/nurturing
- ☐ Makes eye contact

Comments (include favorite toys, foods, hobbies, etc.):

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
JOURNEY PLACEMENT NOTEBOOK

Adapted from the "Monthly Foster Parent Assessment" from Solano County, California
June 2022

OUTCOME: CHILD IS PROTECTED AND NURTURED (continued)

Life Skills (for all teens age 14 years old and above)

- | | |
|--|--|
| <input type="checkbox"/> Able to manage money | <input type="checkbox"/> Participates in the Independent Living Skills Program |
| <input type="checkbox"/> Has Driver's License | <input type="checkbox"/> On track for high school completion or GED |
| <input type="checkbox"/> Able to use public transportation | <input type="checkbox"/> Post-high school plan |
| <input type="checkbox"/> Able to conduct job search | <input type="checkbox"/> Able to prepare basic meals |
| <input type="checkbox"/> Able to wash clothes | |

Physical Health

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ Initial HealthCheck appointment _____

Date of last physical exam: _____ Dental Exam: _____

List prescribed medication taken:

Medication	Prescribed Dose	Were there reactions to the medications taken?

☐ Allergic reaction to any fabrics, detergents/softeners, foods, medicines, etc.

☐ Chronic lice

☐ Medical emergencies

☐ Was incident reported to child's DHHR child welfare worker?

Comments: _____

Protective Health Concerns

- | | | | |
|--|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Promiscuity | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other | | |

Protective steps taken: _____

Behaviors of Concern

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Sneaky | <input type="checkbox"/> Starts fires | <input type="checkbox"/> Violent |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Bangs head | <input type="checkbox"/> No remorse |
| <input type="checkbox"/> Steals | <input type="checkbox"/> Bites | <input type="checkbox"/> Smears feces | <input type="checkbox"/> Lawbreaking |
| <input type="checkbox"/> Picks fights | <input type="checkbox"/> Acts out sexually | <input type="checkbox"/> Cruel to people | |
| <input type="checkbox"/> Unaware of danger | <input type="checkbox"/> Thoughts of suicide | <input type="checkbox"/> Cruel to animals | |
| <input type="checkbox"/> Self-mutilating | <input type="checkbox"/> Disregard for own safety or safety of others | | |

- ☐ Morbid preoccupation with death ☐ Urinating or defecating in inappropriate places
☐ Prolonged crying or screaming

Protective steps taken:

OUTCOME: CHILD'S DEVELOPMENTAL NEEDS ARE MET & DEVELOPMENTAL DELAYS ADDRESSED

Self-Care (based on expectation for child's age)

Hygiene:

- | | | |
|---|--|---|
| <input type="checkbox"/> Hair clean & brushed | <input type="checkbox"/> Brushes teeth regularly | <input type="checkbox"/> Clothes clean & neat |
| <input type="checkbox"/> Bathes regularly | <input type="checkbox"/> Wets pants | <input type="checkbox"/> Soils pants |

Sleeping:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Falls asleep at bedtime | <input type="checkbox"/> Fearful/defiant at bedtime | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Wakes up often during night | <input type="checkbox"/> Sleepwalks | |

Wake-up:

- | | | |
|------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Refreshed | <input type="checkbox"/> Groggy | <input type="checkbox"/> Irritable |
|------------------------------------|---------------------------------|------------------------------------|

Living Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> Dresses self appropriately | <input type="checkbox"/> Follows safety rules | <input type="checkbox"/> Asks for help as needed |
|---|---|--|

Comments:

School

Current grade in school: _____ Name of school: _____

Name of teacher(s): _____

Have you made personal contact with teacher(s)? ☐ Yes ☐ No

Academics:

- | | | |
|---|--|--|
| <input type="checkbox"/> At grade level | <input type="checkbox"/> Above grade level | <input type="checkbox"/> Below grade level |
| <input type="checkbox"/> Special Education Services or IEP (Individualized Educational Program) | | |

Social:

- | | |
|---|--|
| <input type="checkbox"/> Gets along with peers in class | <input type="checkbox"/> Gets along with peers on playground |
| <input type="checkbox"/> Has positive relationship with teacher | <input type="checkbox"/> Has difficult relationship with teacher |

Extracurricular activities:

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Clubs |
|---------------------------------|--------------------------------|

Comments: _____

Emotional/Social (check the items that best describe this child)

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Happy | <input type="checkbox"/> Anxious | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Assertive | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Sleeps well | <input type="checkbox"/> Sad | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Listless | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Accepts compliments | <input type="checkbox"/> Short attention span | |
| <input type="checkbox"/> Gets along well with others | | | |

Comments:

Community Connections

- | | | | | | |
|---------------------------------|---------------------------------|--|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Scouts | <input type="checkbox"/> 4-H | <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Youth group |
| <input type="checkbox"/> Church | <input type="checkbox"/> Dance | <input type="checkbox"/> Cultural activity | <input type="checkbox"/> Volunteer week | <input type="checkbox"/> Other | |

Comments:

Special Services Currently Provided

Service	Provider's Name	None	In Home	At School	Other
Psycho-therapy/ Counseling					
Physical therapy					
Occupational therapy					
Speech & language					
Special Ed. (School)					
Other					

Services being provided are: ☐ Adequate ☐ Helpful ☐ Needs attention or changes

Comments:

OUTCOME: RELATIONSHIPS BETWEEN THE CHILD AND THE FAMILY ARE SUPPORTED

Relationships between children in foster care and their families must be evaluated on a case-by-case basis. Often the issues are complicated. It is the responsibility of the child's primary DHHR child welfare worker, under the direction of the Department of Health and Human Resources and the court, to define all contact between the child and parents, and the parents' involvement in the child's activities. Input from the foster parents, as a member of the professional team, is very important and encouraged.

In what ways have you supported the child's relationship with parent(s)?

(as approved by the child's primary DHHR child welfare worker)

- ☐ Provided transportation to family time
- ☐ Supervise child and parent family time
- ☐ Allowed phone calls
- ☐ Positive emotional support for child about family
- ☐ Shared information with parents about their child including medical appointments, school activities, etc.
- ☐ Helped child acknowledge parent birthday/family event(s)
- ☐ Shared concerns or comments with child welfare worker
- ☐ Maintained confidentiality

Communication with parent is:

- ☐ Easy & enjoyable
- ☐ Adequate
- ☐ Difficult
- ☐ No communication

Comments:

Visits with Parents (as approved by the child's primary DHHR child welfare worker)

Frequency of Visits:

- ☐ Weekly
- ☐ Twice weekly
- ☐ Monthly
- ☐ None

Duration of Visits:

- ☐ 1-2 hours
- ☐ Several hours
- ☐ Overnight
- ☐ Supervised
- ☐ Unsupervised

Location of visits:

Child's behavior in anticipation of visits:

- ☐ Excited/Happy
- ☐ Anxious
- ☐ Indifferent

Child's behavior after visits:

- ☐ Happy
- ☐ Overly excited
- ☐ Sad
- ☐ Defiant
- ☐ Unchanged

Is transportation arrangement adequate?

- ☐ Yes
- ☐ No

Is visitation plan appropriate?

- ☐ Yes
- ☐ No

Comments:

Sibling Relationship (as approved by child's primary DHHR child welfare worker)

If living with sibling(s), is the relationship:

- ☐ Compatible and supportive ☐ Often in conflict

If living separately:

- ☐ Regular visits maintained ☐ Phone calls allowed
☐ Often expresses desire to see sibling(s) ☐ Prefers not to have contact with sibling(s)
☐ Appears to be indifferent about seeing sibling(s)

Comments:

OUTCOME: CHILD IS CONNECTED TO RELATIONSHIPS EXPECTED TO LAST A LIFETIME

Is the foster child connected to any relationships that are expected to last a lifetime?

- ☐ Yes ☐ No

If yes, who? (Enter names in right column)

<input type="checkbox"/> Parent(s)	_____
<input type="checkbox"/> Grandparent(s)	_____
<input type="checkbox"/>	_____
<input type="checkbox"/> Sibling(s)	_____
<input type="checkbox"/> Aunts/uncles	_____
<input type="checkbox"/> Cousins	_____
<input type="checkbox"/> Step-parent(s)	_____
<input type="checkbox"/> God parent(s)/family friend(s)	_____
<input type="checkbox"/> Foster parent(s)	_____
<input type="checkbox"/> Prospective guardian(s)	_____
<input type="checkbox"/>	_____
<input type="checkbox"/> Prospective adoptive parent(s)	_____
<input type="checkbox"/> Mentors	_____
<input type="checkbox"/> Other(s)	_____

Life Book

- ☐ Does the foster child have their own Life Book?

To the best of your knowledge, does the child have a concurrent permanency plan? ☐ Yes ☐
No

If yes:

Do you understand the concurrent plan? ☐ Yes ☐ No

Do you have recommendations or opinions about the long range plans for the child? ☐ Yes ☐ No

If yes, please summarize:

OUTCOME: WORK TOGETHER AS MEMEBERS OF A PROFESSIONAL TEAM

☐ I have met or talked with the child's primary DHHR child welfare worker this month to discuss the needs of the child.

☐ I have met or talked this month with other professionals working with this child:

- | | | |
|---|--|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Psychotherapist | <input type="checkbox"/> Health professional |
| <input type="checkbox"/> Parent or guardian | <input type="checkbox"/> School | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Specialized/Therapeutic support agency | | <input type="checkbox"/> Other |

☐ I have participated in the case conference this month.

☐ I have participated in the Multidisciplinary Treatment (MDT) Team meeting this month.

☐ I have participated in a court hearing this month.

Do you feel you are treated as a member of the professional team? ☐ Yes ☐ No

If not, please explain below

Comments:

PLEASE CALL ME ABOUT (continued from first page)
