OUT-OF-HOME OBSERVATION REPORT
for
CHILD SAFETY, WELL-BEING, AND PERMANENCY

Foster/adoptive parents complete this form prior to the Multidisciplinary Treatment (MDT) team meeting or present to the child’s primary DHHR worker. For more on your responsibilities to the MDT team, please refer to the Terms and Information Guide at the back of the Placement Handbook.

Month ___________ Year ________

Child’s Name: ___________________________ Age: ______
Foster/Adoptive Parent(s) Name: ___________________________
Phone: ___________________________
DHHR Worker: ___________________________

This form is a requirement of all foster/adoptive care providers. It is an opportunity for you to express your observations, concerns and opinions about your 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 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 worker, check the box and briefly describe issue.
☐ PLEASE CALL ME ABOUT:

(continue on last page if needed)

OUTCOME: CHILD IS PROTECTED AND NURTURED
(Check only boxes that apply)

SafeKids PIX (when appropriate)
☐ Child has obtained the SafeKids PIX 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):

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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
JOURNEY PLACEMENT NOTEBOOK
Adapted from the "Monthly Foster Parent Assessment" from Solano County, California
June 2015
OUTCOME: CHILD IS PROTECTED AND NURTURED (continued)

Life Skills (for all teens age 14 years old and above)
- Able to manage money
- Has Driver’s License
- Able to use public transportation
- Able to conduct job search
- Able to wash clothes
- Participates in the Independent Living Skills Program
- On track for high school completion or GED
- Post-high school plan
- Able to prepare basic meals

Physical Health
- Excellent
- Good
- Fair
- Poor
- Initial HealthCheck appointment

Date of last physical exam

Dental Exam

List prescribed medication taken:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Prescribed Dose</th>
<th>Were there reactions to the medications taken?</th>
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- Allergic reaction to any fabrics, detergents/softeners, foods, medicines, etc.

- Chronic Lice
- Medical emergencies
- Was incident reported to child’s DHHR worker?

Comments:

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Protective Health Concerns
- Promiscuity
- Drug Use
- Alcohol Use
- Tobacco Use
- Drug Use
- Eating Disorder
- Other

Protective steps taken:

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Behaviors of Concern
- Destructive
- Tantrums
- Steals
- Picks fights
- Unaware of danger
- Self-mutilating
- Sneaky
- Impulsive
- Bites
- Acts out sexually
- Thoughts of suicide
- Disregard for own safety
- Starts fires
- Bangs head
- Smears feces
- Cruel to people
- Cruel to animals
- Violent
- No remorse
- Lawbreaking

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June 2015
☐ Morbid preoccupation with death  ☐ Urinating or defecating in inappropriate places
☐ Prolonged crying or screaming
Protective steps taken:


Self-Care (based on expectation for child's age)
Hygiene:
☐ Hair clean & brushed
☐ Baths regularly
☐ Brushes teeth regularly
☐ Wets pants
☐ Clothes clean & neat
☐ Soils pants
Sleeping:
☐ Falls asleep at bedtime
☐ Wakes up often during night
☐ Fearful/defiant at bedtime
☐ Sleep walks
☐ Nightmares
Wake-up:
☐ Refreshed
☐ Groggy
☐ Irritable
Living Skills:
☐ Dresses self appropriately
☐ Follows safety rules
☐ Asks for help as needed

School
Current grade in school: ______  Name of school: _____________________________
Name of teacher(s): _____________________________
Have you made personal contact with teacher(s)?  ☐ Yes  ☐ No
Academics:
☐ At grade level  ☐ Above grade level  ☐ Below grade level
☐ Special Education Services or IEP (Individualized Educational Program)
Social:
☐ Gets along with peers in class  ☐ Gets along with peers on playground
☐ Has positive relationship with teacher  ☐ Has difficult relationship with teacher
Extracurricular activities:
☐ Sports  ☐ Clubs
Comments: __________________________________________

Emotional/Social (check the items that best describe this child)
☐ Relaxed  ☐ Happy  ☐ Anxious  ☐ Angry
☐ Passive  ☐ Assertive  ☐ Manipulative  ☐ Helpful
☐ Respectful  ☐ Sleeps well  ☐ Sad  ☐ Defiant

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☐ Energetic  ☐ Listless  ☐ Cooperative  ☐ Overactive
☐ Lethargic  ☐ Impulsive  ☐ Fearful  ☐ Confident
☐ Independent  ☐ Accepts compliments  ☐ Short attention span
☐ Gets along well with others
Comments:


Community Connections
☐ Sports  ☐ Scouts  ☐ 4-H  ☐ Music  ☐ Drama  ☐ Youth group
☐ Church  ☐ Dance  ☐ Cultural activity  ☐ Volunteer work  ☐ Other
Comments:


Special Services Currently Provided

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider’s Name</th>
<th>None</th>
<th>In Home</th>
<th>At School</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-therapy/Counseling</td>
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<td>Physical therapy</td>
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<td>Occupational therapy</td>
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<td>Speech &amp; language</td>
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<tr>
<td>Special Ed. (School)</td>
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<tr>
<td>Other</td>
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</table>

Services being provided are:  ☐ Adequate  ☐ Helpful  ☐ Need attention or changes
Comments:


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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 worker, under the direction of the Department of Health and Human Resources and the court, to define all contact between the child and the parents, and the parents’ involvement in the child’s activities. Input from the foster parents, as members 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 worker)

☐ Provided transportation to visits
☐ Allowed phone calls per case plan
☐ Positive emotional support for child about family
☐ Shared information/included in medical appointments
☐ Helped child acknowledge parent birthday/family event
☐ Shared concerns or comments with social 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 worker)

Frequency of Visits:
☐ Weekly    ☐ Twice weekly    ☐ Monthly    ☐ None

Duration of Visits:
☐ 1-2 hours    ☐ Several hours    ☐ Overnight    ☐ Supervised

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 Relationships (as approved by the child’s primary DHHR worker)

If living with sibling(s), is the relationship:
☐ Compatible and supportive    ☐ Often in conflict
OUTCOME: CHILD IS CONNECTED TO RELATIONSHIPS EXPECTED TO LAST A LIFETIME

If living separately:

☐ Regular visits maintained
☐ Often expresses desire to see sibling(s)
☐ Appears to be indifferent about seeing sibling(s)

Comments:

Is your foster child connected to any relationships that you expect to last a lifetime?
☐ Yes  ☐ No

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

| ☐ Parent(s) | ☐ God parent(s)/family friend(s) |
| ☐ Sibling(s) | ☐ Foster parent(s) |
| ☐ Step-parent(s) | ☐ Prospective guardian(s) |
| ☐ Grandparent(s) | ☐ Prospective adoptive |
| ☐ parent(s) | ☐ Aunts/uncles |
| ☐ Mentors | ☐ Cousins |
| ☐ Other(s) |

Life Book

☐ Does your foster child have his/her own Life Book?

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

If yes:

Do you understand the concurrent plan?  ☐ Yes  ☐ No

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

If yes, please summarize:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
OUTCOME: WORK TOGETHER AS MEMBERS OF A PROFESSIONAL TEAM

☐ I have met or talked with the child’s primary DHHR worker this month to discuss the needs of the child.
☐ I have met or talked this month with other professionals working with this child:

☐ Attorney  ☐ Psychologist  ☐ Health professional
☐ Parent or guardian  ☐ School  ☐ CASA
☐ Specialized/Therapeutic support agency  ☐ 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)