

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

- | | |
|--|--|
| <input type="checkbox"/> Likes rocking | <input type="checkbox"/> Accepts hugs |
| <input type="checkbox"/> Indiscriminate hugging | <input type="checkbox"/> Accepts affection/nurturing |
| <input type="checkbox"/> Resists affection/nurturing | <input type="checkbox"/> Makes eye contact |
| <input type="checkbox"/> Self-soothing (rocking, thumb-sucking, blanket, etc.) | |
| <input type="checkbox"/> Shows affection | |

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

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:

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 worker?

Comments: _____

Protective Health Concerns

- Promiscuity Drug Use Alcohol Use Tobacco Use
- Eating Disorder Other

Protective steps taken: _____

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

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
JOURNEY PLACEMENT NOTEBOOK

Adapted from the "Monthly Foster Parent Assessment" from Solano County, California
June 2015

- Morbid preoccupation with death
- Prolonged crying or screaming

- Urinating or defecating in inappropriate places

Protective steps taken:

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

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

Hygiene:

- Hair clean & brushed
- Brushes teeth regularly
- Clothes clean & neat
- Bathes regularly
- Wets pants
- Soils pants

Sleeping:

- Falls asleep at bedtime
- Fearful/defiant at bedtime
- Nightmares
- Wakes up often during night
- Sleep walks

Wake-up:

- Refreshed
- Groggy
- Irritable

Living Skills:

- Dresses self appropriately
- Follows safety rules
- 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:

- 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

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

Comments:

Community Connections

- Sports
- Church
- Scouts
- Dance
- 4-H
- Cultural activity
- Music
- Volunteer work
- Drama
- Youth group
- 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 Need 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 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

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 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 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:

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)

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

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:

- | | | |
|---|--|--|
| <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)
