

Initial Provider Assessment Instructions

When placement of a child in the home of an identified provider, including a relative or other kin, is being explored, the agency is required to assess the suitability of that home. **The Initial Provider Assessment Form must be completed prior to placement of any child with a provider. It must also be used when a Temporary Safety Provider is identified to move into the family home to meet the need for a parent’s access to their child(ren) to be restricted/supervised during the provision of Child Protective Services.**

Child Welfare Service	Assessment Forms To Be Completed
CPS Assessment--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider
CPS In-Home Services--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider, Comprehensive Provider Assessment must be completed when arrangement continues beyond one month.
Child Placement Services--relative/kinship homes are explored as resources when a child(ren) is in agency custody.	Initial Provider Assessment (check Kinship Care Provider box), Comprehensive Provider Assessment must be completed when placement continues beyond one month.

Definitions

Temporary Safety Provider: Any provider identified during the provision of Child Protective Services. A parent should identify the Temporary Safety Provider and a parent must voluntarily agree with the decision to use a Temporary Safety Provider. Use of a Temporary Safety Provider is intended to be short term and to address an immediate or impending safety threat.

Kinship Care Provider: Any provider (relative or fictive kin) identified or in place during Child Placement Services. Identification of a Kinship Care Provider by a parent is desired; however a parent may not always agree with the decision to evaluate or place a child with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, has court oversight, and addresses safety and/or risk factors.

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Initial Provider Assessment Instructions

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child is traumatic for that child. The Initial Provider Assessment will support decisions about use of a provider that is safe and able to meet the child(ren)'s needs.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs. Be sure to ask the provider how long he/she lived at the current address. If under 2 years, obtain previous addresses and request the 911 call logs at those addresses. Also be sure to request from the parent information about the child(ren)'s needs as this information will be needed to complete the following pages of the Initial Provider Assessment.

***When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following:**

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

The provider assessment tool, starting on page 2, has four columns: 1) ratings (Acceptable, Follow Up Needed or Unacceptable regarding the provider's ability to meet the requirement); 2) requirements to assure a reasonably safe, stable, and nurturing environment; 3) elements to guide the interview/assessment process; and 4) documentation for comments and service needs. The documentation section must describe the specific discussion with the provider in regards to each requirement. For example, regarding discipline, documentation section must describe what forms of discipline the provider agrees to use and not use. The documentation section must also address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement. If more room is needed for any section, comments can be continued on page 7-8 of the form or with use of attachments.

Initial Provider Assessment Instructions

The Initial Provider Assessment is designed to address critical factors of safety and stability. Some questions, for example school placement, may require more time to fully assess, but must be addressed with the prospective provider before placement to avoid future disruption.

Upon completion of the assessment, the form must be reviewed with the provider(s), signed and dated by the provider(s), signed and dated by the social worker, and reviewed and signed and dated by the social work supervisor. The social work supervisor may sign the assessment the next business day but must have verbally discussed the findings with the social worker and approved the provider before the arrangement is made. The discussion/review with the social work supervisor must be documented in case documentation.

When completing the Initial Provider Assessment for a Temporary Safety Provider who will reside in the family home, it is only necessary to complete the following requirements: 1 through 6, and 11 through 16. Requirements 7 through 10 should be marked out for the assessment of a Temporary Safety Provider that will reside in the family home and provide safety interventions in the family home.

This Initial Provider Assessment must be reviewed whenever Temporary Parental Safety Agreement is reviewed and/or modified. At the review, if changes have been made, the last page must be signed by all participants including the provider, social worker, and supervisor. The social work supervisor may sign the assessment the next business day.

During CPS In-Home Services and Child Placement Services, the Comprehensive Provider Assessment must be completed within a month of the Initial Provider Assessment.

Guidance on Initial Provider Assessment requirements

1. Ask the provider about his or her history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. Do providers know the child(ren)'s daily routine and are they willing to make changes to accommodate child(ren)'s daily and emotional needs? Is the provider familiar with any child behavioral issues and how to best deal with those behaviors.
2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.
3. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from TIPS-MAPP on "Teaching Children Healthy Behaviors" is a useful guide.
4. Discuss the medical and educational needs of each child to be placed and how these needs will be met. Are there any scheduled appointments for the child(ren)? Does the provider have the ability to ensure the child(ren) keeps those appointments? Is there a need to schedule treatment for any condition or to assess for any medical, dental, developmental, or educational needs? Who will be responsible for making these appointments and how will the parent(s) be involved? What information needs to be provided to the provider regarding any medical, dental, developmental or educational needs? If the child(ren) is school aged, what does the provider know about the child(ren)'s behavior and academic performance in school? Are there

Initial Provider Assessment Instructions

issues that need to be discussed with school personnel? Who will notify the school of the temporary changes required to support use of this Temporary Safety Provider or longer-term use of a Kinship Provider?

5. Discuss the provider's relationship with the family. Discuss the allegations or findings of fact with the provider in an objective manner, and the immediate plans that are being developed with the parent(s). Listen for the provider's attitude about the allegations or findings. Discuss any concerns you may have about the provider's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the provider(s). Make sure the provider understands his or her requirement to report to the social worker any concerns or observations he or she has that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the provider regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the provider to use for review.
6. Listen for the provider's attitude about the birth family and about family contact. Discuss any concerns the social worker may have about the provider's expressed or observed attitudes. Discuss the way that he or she would be expected to interact with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible provider's wishes regarding his or her involvement with any visitation arrangements. Discuss contact with other extended family members.
7. Discuss signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask if the financial resources will be sufficient to provide for the child, as well as for the other members of the household. Discuss the family's sources of income and current expenses.
8. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the provider if someone in the family might have the needed items. If not, see if the agency has resources to help purchase such items or ask about donations. Some second-hand stores may be willing to provide furniture free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies. Will the child(ren) have adequate privacy?
9. Observe the condition of the home. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about the resources within the provider's network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly. **Complete the Water Hazard Safety Assessment Form- DSS-5018.**
10. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances. Determine if the outhouse is far enough away from water source to present no health hazard. Evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities.
11. If a person has a criminal record of convictions, discuss with the agency supervisor whether or not the criminal behavior would preclude the approval of this provider. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; and/or criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement **MUST** have immediate supervisory approval, with the rationale for exceptions documented by the supervisor. CPS substantiations or Services Needed can preclude use of this provider. If the provider's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in

Initial Provider Assessment Instructions

the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered as a provider. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.

12. An accurate assessment of the use of alcohol and/or other substances by the potential provider(s) that could interfere with his or her ability to provide care is required. Introduction of this discussion should, therefore, be non-judgmental. For example, if a person had several convictions for driving under the influence, it will be important to determine whether he or she continues to drink or use other substances.
13. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the provider's relationship(s) to determine if there is/has been an established pattern of domestic violence, and if there are current safety issues that could put the child at risk of future emotional and/or physical harm. If the provider has been a perpetrator of domestic violence, discuss if he or she has completed a batterer intervention program. If the provider has been victim of domestic violence, discuss if he or she has sought support services such as a protective order, domestic violence education, counseling, etc. Assess the provider's view of domestic violence, its effect on the child, and his or her capability and willingness to protect the child. Discuss any concerns with the supervisor regarding the appropriateness of the provider.
14. Social worker assessment is key to this requirement. The social worker must document statement that the provider makes about his or her physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.
15. This requirement is intended to identify case specific issues that may impact the success of the child in the care of this provider.
16. Ask the provider if he or she is willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If he or she cannot provide care for a minimum of 45 days, determine whether involvement as a provider will meet the needs of the situation.

Child and Family Team (CFT) Meetings and Use of Initial Provider Assessment

As stated in CFT policy ([Chapter VII: Child and Family Team Meetings](#)), a CFT should be held regarding any separation of child(ren) from their parents or when a placement change/disruption for a child may occur. A CFT will support open communication between all involved, can help address issues around safety planning, decisions regarding initial agreements and about services, and identify ways to help child(ren) transition successfully, and could reduce issues regarding use of a provider. If a CFT cannot be held prior to use of a new provider, then a CFT must be scheduled as soon as possible. The times that a CFT will be of value when a provider (Temporary or Kinship) is identified:

During Child Protective Services:

- If a Temporary Parental Safety Agreement requiring separation or restriction is being proposed,
- If a Safety Provider is being considered for use during In-Home Services, or
- If nonsecure custody is considered the only means necessary to ensure safety of the child.

Initial Provider Assessment Instructions

During this CFT meeting, other safety interventions, as well as all possible providers must be discussed.

During Child Placement Services:

- When a child's placement is at risk of disruption, or
- When a relative/fictive kin have been identified for possible placement.