

Initial Provider Assessment Instructions (Temporary Safety Provider)

When a Temporary Safety Provider (TSP) is being considered, the agency is required to assess the suitability of that home and all household members over the age of 16. The Initial Provider Assessment should determine a) if all individuals in the provider's home are appropriate (or that the TSP is appropriate to reside in family home), b) that the TSP's household and physical environment is safe when applicable, and c) that the child(ren)'s needs can be met. While using a TSP the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren) in a way that maintains safety. A plan to meet the child(ren)'s safety and well-being must be developed alongside this form on the NC Safety Assessment (DSS-5231) and there is a common understanding about that plan. **The Initial Provider Assessment Form must be completed prior to placement of any child with a TSP. It must also be used when a TSP 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/In Home Services—child(ren) cannot be safely maintained in their own home or a TSP will move into the family home. Parent identifies the TSP and the child welfare agency approves.	Initial Provider Assessment Safety Assessment Comprehensive Provider Assessment (when the arrangement lasts longer than 30 days)

Definitions

Temporary Safety Provider (TSP): An adult identified by the parent and agency sanctioned to provide care for their child(ren). This MUST be voluntary on the part of the parent. Use of a TSP is intended to be short term and address an immediate or impending safety threat.

Supervision: A TSP identified by the parent and agency sanctioned that moves into the family home to ensure safety and provide care for the child(ren) during the provision of Child Protective Services. A parent should identify the person who will provide supervision in the home and a parent must voluntarily agree with the decision to use someone to provide supervision in their home. Use of supervision is intended to be short term and to address an immediate or impending safety threat.

Ratings for the Requirements (A/F/U)

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

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the TSP(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this item. Any identified services or modifications must be clearly identified with a plan for resolution in the "Other Notes" section with a required completion date. Indicate the date of completion in the "Review Date" box situations where the child is able to enter the TSP's home or the supervision can begin prior to the completion of the item. If a TSP 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 TSP (preferably with a relative) and assess this resource as a backup placement.

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

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Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child can be traumatic. The Initial Provider Assessment will support decisions about use of a TSP that is safe and able to meet the child(ren)'s needs. The completion of the Initial Provider Assessment must include an open dialogue between the parent and TSP regarding the child's care and how to minimize trauma while with the TSP. It is just as important to include the child's voice in the assessment of the TSP regardless of whether they are included in the completion of this document.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Use of the Safety Circle is a helpful tool while working with the family to help them identify their support system and build a Safety Network.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs. Be sure to ask the TSP 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. Information gathered about the child(ren)'s needs during the initiation or ongoing family assessment will be needed to complete the following pages of the Initial Provider Assessment.

*When documenting the Temporary Safety Provider 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	
Multiracial	

Page 2 has four columns: 1) Ratings (Acceptable, Follow Up Needed or Unacceptable); 2) Requirements to assure a reasonably safe, stable, and nurturing environment; 3) Elements to guide the discussion and 4) documentation for comments and service needs. The documentation section must describe the providers responses to each requirement. For example, regarding discipline, the documentation section must describe what forms of discipline the TSP agrees to use and what they will refrain from. The documentation section must also address any reservations the worker may have, as well as plans to address any

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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 the use of attachments.

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 TSP before placement to avoid future disruption.

Upon completion of the Initial Provider Assessment, the form must be reviewed with the TSP(s) and the parent(s), signed and dated by the TSP(s) and parent(s), signed and dated by the 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 worker and provided a 2nd level review of the TSP 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 provide supervision while residing 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 person providing supervision that will reside in the family home and provide safety interventions in the family home.

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

The Comprehensive Provider Assessment must be completed within a 30 days of the Initial Provider Assessment when the Temporary Safety Provider is still being used.

Guidance on Initial Provider Assessment requirements

1. Discuss the TSP's history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. The worker should have a separate conversation with all children, when able, to gauge their input and perception of the TSP [insert 3 houses once it has been presented to the State staff]. All concerns and plans to alleviate them must be documented. This discussion should include how often the TSP has contact with the family including the last contact. Additionally, discussion of any cultural or religious differences should be discussed along with how they will be addressed. Do TSPs know the child(ren)'s daily routine and are they willing to make changes in their schedule to accommodate the child(ren)'s daily and emotional needs? Is the TSP familiar with any child behavioral issues and how to best deal with those behaviors.
2. Discuss the supervision needs of the child(ren) based on the(ir) age and development. The family should be referred to appropriate resources, both within and outside the agency that can help them meet their needs. For example, a preschool child might need day care; for a young school-aged child, afterschool arrangement; and for teenagers, referrals might be to community recreation, work, or volunteer opportunities. The discussion should include if there are other people who will provide care for the children at the home, i.e. a respite situation, the parents must agree and background checks must be conducted on them also.

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3. Discuss the TSP's use of discipline including rules of their home. The TSP should not be using any physical discipline with the child(ren) in their home identified in the NC Safety Assessment. The worker should 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. Additional resources offered within the county, such as parenting classes, should be offered to the TSP when appropriate. **Disciplinary methods must be documented.**
4. Discuss the medical and educational needs of each child(ren), as well as any recreational activities in which the child(ren) are engaged. How will these needs be met including upcoming appointments. There must be a detailed plan for how medical emergencies will be addressed and how the children will be transported to any appointments and school, as needed. The discussion of medical needs should include any environmental allergens that may be in the home (i.e. smoke, pet, etc.) and any rescue certifications the TSP may have. Documentation must include how the agency will support the family when the TSP does not have supplies and the parent does not have the means to provide them. The parents must be responsible for making any appointments and coordinating with the TSP. The parent must also be responsible for discussion with the school as it relates to any issues that need to be discussed, including IEP and 504 plans, with school personnel or notification of any temporary changes required to support the use of a Temporary Safety Provider.
5. Discuss the TSP's relationship with the family. There must be discussion regarding the allegations or findings of fact with the TSP in an objective manner. The parent should be encouraged to share the identified safety concerns along with the immediate plans that are being developed for safety. Listen for the TSP's attitude about the allegations or findings and their plans for supervision. Discuss any concerns you may have about the TSP's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the TSP(s) and the importance of not questioning the children themselves but being willing to listen if the children talk. Make sure the TSP understands his or her requirement to report to the assigned worker any concerns or observations they have that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the TSP regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the TSP to use for review. Discuss what information will be shared by TSP and parents with the children based on their age, developmental, and maturity level. If there is information that the TSP should not share with the children that needs to be communicated within the discussion.
6. Discuss a detailed plan for visitation that includes the parents and any other family and friends, length of time, phone calls, and who will provide supervision. That discussion must include a conversation with the child(ren), when developmentally able about who they want to see and those they may be uncomfortable with visiting the home. The plan must also include the next planned contacts, when applicable. Ask for and incorporate to the extent possible the TSP's wishes regarding his or her involvement with any visitation arrangements as well as any conflicts with schedules. Discussion regarding the expectations of the TSP for their interaction with the child. The worker should listen and assess for the TSP's attitude about the birth family and about family contact throughout the Initial Provider Assessment. Any concerns the worker may have about the TSP's expressed or observed attitudes must be addressed.
7. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the TSP's finances. Discuss the family's sources of income and current expenses. Develop a plan detailing how the TSP and parents will handle any additional financial needs (e.g. groceries, utilities, gas, hygiene items). Are the financial resources sufficient to provide for the child, as well as for the other members of the household? How long will this plan be possible? How will the parents contribute to meet their child(ren)'s needs? How will the agency support addressing any financial gaps?

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8. The discussion should include sleeping arrangements for the child(ren) including safe sleeping arrangements for infants. The worker must observe the area designated for the child(ren) including who they will share a room with and where everyone will sleep. Safe sleep policy must be followed for infants under one, the sleeping arrangements for all infants must include a separate sleep space and no co-sleeping with anyone. Will the child(ren) have adequate privacy? Any concerns noted should be documented and addressed. If resources are needed such as a bed, ask the TSP 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 for free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies.
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 TSP's network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly.
10. Personally observe and evaluate the functioning of the bathroom fixtures (i.e. running water in sink and tub, flushing toilet) and kitchen appliances (i.e. working food warming device and a way to maintain refrigerated items). When there is an outhouse, the worker must contact the local environmental health department to review compliance that ensures clean water to the home(the inability to reach the environmental health dept does not preclude placement and should be updated once contact has been made). Evaluate the condition of the outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities. Discuss whether there are any concerns about maintaining utilities for use.
11. Discuss whether there is any criminal history for anyone over the age of 16 in the home. 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.
A similar discussion needs to be addressed any CPS history. CPS substantiations or Services Needed can preclude use of this TSP. If the TSP's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in 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 TSP. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.
12. Discuss the use of alcohol and/or other substances to include impairing prescription medications. An accurate assessment of the use of alcohol and/or other substances by the potential TSP(s) and whether that could interfere with the TSP's ability to provide care is required. This discussion should be non-judgmental and should also include over the counter and prescription drugs that impair cognition. If a person has had several convictions for driving under the influence, it will be important to determine whether they continue to drink or use other substances.
13. The worker's assessment is key to this requirement. The worker must document statements from the TSP about their 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

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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 such as an infant being lifted by a TSP with back problems.

14. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the TSP'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(ren) at risk of future emotional and/or physical harm. If the TSP has been a perpetrator of domestic violence, discuss if they have completed a batterer intervention program. If the TSP has been victim of domestic violence, discuss if they have sought support services such as a protective order, domestic violence education, counseling, etc. Assess the TSP'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 TSP.
15. This requirement is intended to identify case specific issues that may impact the success of the child(ren) in the care of this TSP. This section should include any items that have not already been addressed such as a child's fear of pets and car seats for transport, if applicable.
16. Ask the TSP if they are willing and able to provide a home for the child on a temporary basis, and how long they can provide it. Are there any circumstances that would change the TSP's willingness to provide care for the child(ren) (this could include child/family behaviors, job or relationship changes)? If they cannot provide care for a minimum of 45 days, determine whether involvement as a TSP 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 TSP. If a CFT cannot be held prior to use of a new TSP, then a CFT must be scheduled as soon as possible. A CFT will be of value when a TSP is identified:

- on the NC Safety Assessment,
- because a Safety Provider is being considered for use during In-Home Services, or
- because nonsecure custody is considered the only means to ensure safety of the child.

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