

Initial Provider Assessment (Temporary Safety Provider)

The purpose of this Initial Provider Assessment is to determine whether the child(ren) can safely live in their home or another household with a Temporary Safety Provider (TSP) that the parent(s) has identified, and the agency approves.

Family/Case Name:	Family/Case Number:	County:	Date:
-------------------	---------------------	---------	-------

Children to be placed:

	Child's Name	SIS Number	DOB	Gender	Race	Ethnicity
1						
2						
3						
4						

Temporary Safety Provider Information:

	Caregiver(s) Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Children	Place of Employment/ Source of Income
1								
2								
3								

*Provider Address:

Provider Phone(s):

Other Members of the Household:

	Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including TSPs:

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS Activity Identified
1					
2					
3					
4					
5					

Be sure to obtain any other names/aliases that may have been used by any household member (maiden name, AKA, etc.) for background checks.

☐ 911 calls for TSP's address(es) have been reviewed. Date/Reason for 911 calls: _____

(Enter NA if no 911 calls)

*Ask TSP the length of time he/she resided at this address. If under 2 years, request previous address(es).

	A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
1		The Temporary Safety Provider(TSP) has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs and can respond to them appropriately.	(a)The TSP's relationship with the children. (b)The TSP's understanding of all the child(ren)'s needs and/or behaviors. (c)The relationship between the children and other members of the TSP's household. (d)The relationship between the TSP(s) and the child(ren)'s parents.	
2		The TSP is willing to provide supervision that meets the needs of the child(ren).	(a)The TSP and family's plan for supervising the child(ren), including how they will address any age and developmental needs or for additional services (use of childcare, for example) to provide supervision.	
3		The TSP will not use physical discipline or leave emotional injuries and will emphasize positive reinforcement.	(a)The family's discipline practices. (b)Does the family agree to refrain from use of physical punishment, isolation, deprivation of food, threats of harm, or humiliation? (c)What are identified safe disciplinary measures to use with the above listed child(ren) based on age, maturity, and needs? (d)The agency's expectations about discipline and what use of positive reinforcement means.	
4		The TSP is willing and able to ensure that the child(ren)'s well-being needs will be met.	(a)Does the TSP have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? If not, what is the plan for transportation?	

	A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
			(b) Do they have the ability to respond to an emergency need (medical or other)? Do they have first aid supplies? (c) Does the child(ren) have any medical needs or allergies that need to be addressed? (d) How will the child(ren) be maintained in the current educational setting? If not, how will the child(ren) be supported through the transition? (e) Is the child(ren) engaged in any recreational activities? (f) Any cultural or faith considerations?	
5		The TSP is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.	(a) The TSP agrees they will not make judgements regarding the allegations and will not blame the child. (b) Reporting requirements with the family. Obtain and document the TSP's commitment to report any concerns to the agency. (c) The TSP's understanding of behavioral indicators of abuse and neglect. (d) Determine what will be communicated with the child(ren).	
6		The TSP is willing and able to provide boundaries that protect the child from future harm. The TSP will enable the child(ren) to maintain connections with other family members.	(a) Requirements around contact between the child(ren) and parents (including phone calls and social media). (b) Determine that the TSP is able and willing to support safe contact with the parents. (c) Define any visitation and supervision requirements. (d) Determine if there are any issues regarding visits by friends or extended family members. (e) How contact can be maintained with friends, siblings and extended family members.	
7		The TSP has sufficient financial resources to meet the child(ren)'s basic needs,	(a) The TSP has sufficient resources to provide for the child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.).	

	A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		immediate needs, and/or has access to resources.	(b)The TSP has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider possibility of higher utility bills, medical needs, transportation expenses, etc.). (c)Any available assistance for financial needs?	
8		The TSP's home will have adequate sleeping space with privacy and comfort for each child that ensures safety.	(a)The bedroom for all children must be seen. (b)The TSP has a safe plan for each child that considers the child(ren)'s age, gender, needs and history. (c) For infants under one, there is a separate sleeping space (crib, pack and play, bassinet, etc.)	
9		The TSP's home is free of safety hazards.	Assessment requires all rooms of the home to be seen and assessed for safety. The home assessment must include a review for safety: a. Working smoke detector(s) that meets the fire code. b. Working carbon monoxide detector as applicable for the home. c. All cleaning supplies, medicines, and any other dangerous chemicals are put away and inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. No observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). g. Accesses to bodies of water are properly secured (pools, ponds, lakes).	

	A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
10		The TSP's home has adequate and sanitary utilities.	Assessment requires all facilities and appliances to be viewed by the assessor and assessed for safety, including: a. Toilet (outhouse, if applicable) b. Kitchen facilities (working fridge and warming device/cooking source) c. Working utilities: The home has all basic utilities (water, electricity, and heat) and in full operating condition. The TSP has a working telephone (or cell phone).	
11		The TSP has a background history that does not preclude them from caring for the child(ren) (Child protective services and criminal history).	(a)CPS records check have been completed. CPS history does not include a case finding of Substantiations or CPS Services Needed. (b)Criminal checks have been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk. *Any exceptions require documented supervisory approval.	
12		The TSP(s) use of alcohol or any other substance use does not present risk of harm to the child(ren). Includes all household members.	(a)Any criminal history related to alcohol use or possession. (b)TSP(s) understands and acknowledges risks associated with use of substances, including alcohol and prescription drugs, while providing care to children. (c) Assessment of this element should include: a. The TSP(s) provided a self-statement regarding use of alcohol or other drugs, b. Observations of the TSP(s) and the home; and c. Other possible indicators.	
13		The TSP(s) are physically and mentally capable of providing care for the child(ren).	(a)Any chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions).	

	A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
			(b)Any medication that any TSPs in the home are prescribed or use on a regular basis. (c)Document self-statement, observation, and evidence.	
14		The TSP(s) do not have a history of domestic violence that preclude them from caring for the child(ren).	(a)Any 911 responses to the home related to domestic violence regardless of arrest. (b)Any past or current 50B orders regarding household members or prior partners of household members. (c)Assess the TSP(s) knowledge and understanding of domestic violence and impact on children. (d)Obtain and document a self-statement regarding control and fear in any intimate relationship in TSP(s) personal history. *Any exceptions require documented supervisory approval.	
	Summary / Other			
15		Other: TSP(s) are able to meet any special needs for the child(ren).	(a)Any identified special needs and confirm how the needs will be met. (b)Any case specific considerations that could impact the Temporary Parental Safety Agreement or the In-Home or Out-of-Home Family Services Agreement (c)Assess the provider(s) ability to handle threats by a parent, past relationship between TSP and parent, etc. (d) The family has approved car seats based on age and weight. (Children up to age 8 or 80 pounds must have a car seat.)	
16		The TSP(s) is willing to provide care for the child(ren) for the length of time needed to ensure safety.	(a)The TSP's willingness to care for the child(ren) with agency involvement (describe monitoring and frequency of visits) and following agency requirements. (b)The length of time the TSP is willing to provide care.	

Other Notes (Attach additional documentation if needed.)

Statements of understanding and agreement:

PARENT

- I understand that CPS will share any information with the Temporary Safety Provider required for the safety and welfare of my child while the child lives in that home or the Temporary Safety Provider resides in the family home.
- I understand this safety agreement (including the Temporary Safety Provider) will cease to be in effect when I am notified by the assigned Worker or CPS is no longer providing services to my family.

TEMPORARY SAFETY PROVIDER(TSP)

- I understand that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the TSP that they desire to end this voluntary arrangement, the TSP must contact the county agency immediately.
- I understand if the parent is unable to provide a safe environment for the child and the court names the county child welfare agency as the child's legal custodian, I will be given consideration as a placement for the child if I agree and continued placement is determined to be safe.
- I understand if I am unable to carry out this plan successfully, or if the child in my care is considered to be in an unsafe situation, the child will be moved to a different placement and further CPS involvement may be necessary, including court intervention.
- I understand that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) cannot return to the parents' care (as defined by the NC Safety Assessment or In-Home Safety Agreement) without notice to the agency.
 - Any change to the make-up of the TSP's household or a household move by the TSP must be immediately communicated to the agency.
 - All contact between the child(ren) and parents must be according to the supervision/visitation plan developed with the parents and approved by the county agency.
 - The child(ren) cannot move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) must be immediately communicated to the agency.

- I should maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- I agree to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- I understand that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- I agree to notify the assigned Worker immediately if there are any changes related to the care of the child(ren).
- I understand that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and my home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 30 days a Comprehensive Provider Assessment (DSS-5204) will be completed.
- If the need to modify or review use of a Temporary Safety Provider occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

Start Date for Child(ren):		Review Date (if needed):	
----------------------------	--	--------------------------	--

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above-named children.

Parent's Signature	Date	Temporary Safety Provider's Signature	Date
Parent's Signature	Date	Temporary Safety Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. ☐ Approve ☐ Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date

