

Comprehensive Provider Assessment

- Kinship Assessment
 Guardianship Assessment

Case Name:	County Case Number:	Date:
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Children to be placed

	Child's Name	SIS Number	DOB	Gender	Ethnicity	Race	Needs/Behavioral Considerations
1							
2							
3							
4							

Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Ethnicity	Race	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	Ethnicity	Race	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 caretakers

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

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

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: (Enter NA if no 911 calls)

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

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Home Environment			
	1. Caregiver / Family has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in the 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs. Child(ren) have a bond with other family members.	
	2. Caregiver/Family is able to provide a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	3. The caretaker's family and family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.	Caregiver is supportive of the child's recovery process. Supervision and disciplinary methods used with the child(ren) have been adequate and age-appropriate. Caregiver understands the impact of trauma on a child(ren)'s behaviors and responds appropriately. Discuss additional trauma education with the kinship provider.	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Birth Family/Community Ties			
	4. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan, including phone contact. Are there any lifelong conflicts with the parents that may impact this placement? Is the caregiver willing to participate in shared parenting (make sure shared parenting is well described and understood)?	
	5. The caregiver supports the child(ren) in maintaining family/ community relationships?	<ul style="list-style-type: none"> ▪ Is the caretaker willing to facilitate contact with the child(ren)'s a siblings? How has this been demonstrated? What is the plan for the contact to continue? ▪ Is the caretaker willing to facilitate contact with the child(ren)'s maternal and paternal relatives? How has this been demonstrated? What is the plan for the contact to continue? Are there any lifelong conflicts between the caretaker and extended family that may impact this placement or ongoing contact with the children? If there is not a plan to maintain these relationships how can the child(ren) maintain his or her roots? ▪ What prior community relationships has the child(ren) been able to maintain in the home of this caretaker? ▪ Does this placement support the child(ren)'s cultural, ethnic and/or faith identity and how? 	

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Child(ren)'s Needs			
	6. Caregiver has the willingness and ability to meet all needs of the child(ren).	<p>Kinship provider is working in partnership with the agency and treatment providers to identify needs of child(ren) and appropriate interventions.</p> <ul style="list-style-type: none"> ▪ Does the kinship provider understand and support the child(ren)'s treatment plan? ▪ Discuss special needs (especially any needs that have been identified since completion of the Initial Assessment) and confirm how the needs are or will be met. ▪ Are there educational issues? How are they being addressed? ▪ How are or will the child(ren)'s "normalcy" needs being met? What social activities are or will be provided? 	
	7. The provider's home will have adequate space with reasonable privacy and comfort for each child.	<p>Confirm the provider continues to have a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history. Will the kinship provider's home continue to meet the child(ren)'s needs as they get older?</p>	

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
Placement Stability			
	8. The provider accesses existing supports to strengthen the family unit.	<p>Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers.</p> <p>What is the kinship provider's plan for emergencies? Who will care for the child(ren) if the kinship provider is unable?</p>	
	9. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss emotional impact of caring for placed child(ren) in the caretaker's home on the caretaker's family members. Offer assistance as appropriate. Discuss the other children's functioning at school. Discuss emotional health of all family members, including the caregiver.	
	10. Caregiver's health status (and other household member's health) will permit kinship care parent to care for child(ren)	Self-report. Discussion of relevant physical or mental health issues (short and long term health issues). Verification by MD if appropriate. Discuss any medication that any household member of home is prescribed or use on a regular basis. Obtain an update regarding any chronic illness for any member of the household. Discuss kinship provider's access to health care. Does the provider have health insurance?	

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Compliance & Safety			
	12. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference. Willing to attend PPAT/CFT meetings, etc., as needed. Ensure kinship provider understands the court process, the requirement for concurrent planning, and expectation of their involvement in this process. Ensure kinship provider understands his or her role and the roles of the social worker, GAL, attorneys, etc.	
	13. The provider(s) have a clear CPS and criminal background.	Review or complete the Initial Provider Assessment Requirement #11. Complete an updated search of CPS and criminal history. Complete updated 911 call log review. Any exceptions require supervisory approval.	
	14. Other safety: a. Substance use b. Domestic violence	Review or complete the Initial Provider Assessment Requirements #12 & 13. Are there any observations, concerns, or indications that have been identified since the Initial Assessment that need to be discussed?	
Planning / Other			
	15. Other topics.	Any issues that the caretaker identified? Are there any other issues that the agency needs to review with the caretaker?	

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A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	<p>Discuss provider’s willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care.</p> <p>Discuss the agency’s requirement to monitor the children and the anticipated frequency of home visits.</p> <p>For Kinship Assessments: Discuss the possible future permanency plans for the child(ren) that may apply. Will the kinship providers consider adoption or other options for long term permanence?</p>	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

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For Use on Guardianship Assessments Only:

Y/N	Requirement	Indicator	Comments/Service Needs
	1. Reunification and adoption have been ruled out as permanency options for the child.	The court has determined reunification and adoption are not appropriate permanency options for the child.	
	2. The child is eligible for foster care maintenance payments and has been placed in the licensed home of the caregiver for a minimum of 6 consecutive months.	Caregiver is a licensed foster parent and has provided full-time care for the child, and has received foster care maintenance payments for at least 6 consecutive months.	
	3. The child is between the ages of 14 and 17, or the child is under age 14 but is placed with a sibling between the ages of 14 to 17 in the home of the same caregiver.	Child meets the age requirement at time guardianship is being awarded by the court.	
	4. The child has a strong attachment to the caregiver and has been consulted regarding the guardianship arrangement.	Child demonstrates a strong attachment to the caregiver, and has been consulted regarding guardianship as a permanent option.	
	5. The caregiver has a strong commitment to permanently care for the child, and is willing to assume guardianship.	Caregiver has expressed a commitment to provide long-term care for the child through guardianship. The caregiver is willing to meet all of the needs of the child, including medical, dental, mental health, educational, financial, and any other reasonable needs of the child.	
	6. It has been determined that continued placement with this caregiver would be in the best interests of the child, and meets the need for permanency and safety.	Determined by permanency planning team and during court review.	

Comprehensive Provider Assessment

Agreement regarding care of the child(ren):

- The provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parent's care.
 - Any change to the make-up of the Kinship Provider's household or a household move by the Kinship Provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents
- The provider agrees to ensure that the child(ren) obtain needed medical, dental, mental health and educational services.
- The provider understands 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.
- The provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The provider understands 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 the Kinship Provider's home whenever requested.
- The provider will adhere to these discipline requirements:
 - Corporal punishment is prohibited; and
 - Child discipline must be appropriate to the child's chronological age, intelligence, emotional make-up, and experience;
 - No cruel, severe, or unusual punishment shall be allowed;
 - Deprivation of a meal for punishment, isolation for more than one hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated.
- The agency agrees to:
 - Provide medical, mental health, educational, and other relevant information about the child(ren) to the provider
 - Keep the provider informed about the case and court status (invite provider to agency meetings regarding the children)

The purpose of this Comprehensive Assessment is to determine that the child(ren) can continue to safely live with the kinship provider. The Comprehensive Assessment is designed to build upon the Initial Provider Assessment and confirm the placement will continue to be stable and meet the child(ren)'s ongoing needs. The agency must review the Initial Provider Assessment, and confirm that all Requirements, specifically 7 and 8, are still being adequately satisfied. The parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren) as appropriate and allowed by the court. A plan for the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan.

Comprehensive Provider Assessment

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.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	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