



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

DATE: December 3, 2007
TO: Regional Directors
THROUGH: David Fairbanks, Assistant Secretary for Programs
George Sheldon, Assistant Secretary for Operations
David Fairbanks
PS for George Sheldon
FROM: Patricia Badland, Director of Office of Family Safety
Patricia Badland
SUBJECT: December 13, 9:30 AM, Conference Call on Home Study Template Design

Purpose: The purpose of this memorandum is to provide information about an upcoming conference call to discuss the design of the home study template for use in placement of children with relatives/non-relatives, foster or adoptive families. Field input is critical to the success of the design of this template.

Background: A conference call is scheduled for Thursday, December 13, 9:30 – 10:30 AM. The call-in number is 1-888-808-6959 and the code is 4149982.

The agenda will include:

- An overview of the input from staff and stakeholders received thus far regarding home study template design
- An overview of the recommended elements and features of the home study template
- An opportunity to provide comment about additional recommendations you have regarding the elements included in the template and/or specific features of the template once implemented in Florida Safe Families Network (FSFN)

A critical tool and process in achieving safety, permanence, and well-being outcomes for children, a home study is being designed for use in the statewide automated child welfare information system, FSFN. The Family Safety Program Office will review the input received from a wide range of staff and stakeholders and provide a summary for review by the Task Force on Child Protection. We anticipate the implementation of the home study template in Release 2 of Florida Safe Families Network in August 2008, however, design will need to conclude in early January 2008.

Action Required: Please ensure widespread dissemination of this memorandum. We recommend the following: any staff involved in the assessment, study and/or licensing and approval of relative/non-relative caregivers, foster families, or adoptive families.

Contact Information: For additional information, please contact Linda D. Johns @ Linda_D_Johns@dcf.state.fl.us or phone, (850)414-9982. Thank you.

Attachment

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



<Home Study Type dropdown>
 (Relative/Non-Relative, ICPC, Foster Home, Adoptive Home)

Counselor Name:	Children to be placed:	Investigation Number:
Date Home Study Completed:		Court Case No.

Initial Home Study

Additional Home Study

Relicensing Home Study

Section I:

A.

Identifying Information	
Caregiver 1:	Caregiver 2:
DOB:	DOB:
Address:	
City:	
State:	
Zip:	
County:	
Home Phone: () -	
Cell: () -	Cell: () -
Fax: () -	
Alternate Contact:	Alternate () -
Employer:	Employer:
Work Phone () -	Work Phone () -
Marital Status:	
FL Residence Length:	FL Residence Length:
Language Spoken:	Language Spoken:



B.

Contact Information	Date
Date Application Received by Agency	
Date of Initial Contact With Family	
Initial Home Interview	
Additional Home Interview (if Applicable)	
Additional Home Interview (if Applicable)	
Additional Home Interview (if Applicable)	

C.

Information Shared With Applicants	Date
Affidavit of Good Moral Character	
Consent to Release Information	
Florida Adoption Reunion Registry	
Florida Adoption Assistance Program	
Information Packet Sent – Adoptive Home	
Information Packet Sent – Foster Home	
Medicaid Eligible Relative/Non-Relative	
Receipt of Rights and Responsibilities (Dependency Process)	
Receipt of Grievance Brochure	
Relative Caregiver Program	
Support System Available in Community	
Tax Information for Adoptive Parents	
Temporary Case Assistance Child Only (TANF)	
Tuition Waiver	
Water Addendum	



D.

Other Household Members						
Name of Member						
Relationship to Caregiver						
Date of Birth/Age						
Race						
Primary Language Spoken						
Marital Status						
Employer						
Place of Birth						
FL. Residence Length						

E.

Children Placed by the Department						
Name						
Date of Birth/Age						
Type of Placement						
Date Placed in Home						
Race						
Primary Language Spoken						



Section II (Refer to the suggested Home Study Questions at the end of the document)

1. INTEREST

MOTIVATION (Describe the motivation to foster or adopt or to be approved as a relative/non-relative caretaker. If a specific child, describe any prior knowledge/relationship that exists between the child and caregiver. Address mutual desire to care for child (if two parent/caregiver household).

2. FAMILY ASSESSMENT

A. CAREGIVER HISTORY (Describe/Discuss each caregiver separately including childhood history. Discuss issues including miscarriages, loss of children, etc. Discuss substance abuse history of the caregiver and indicate whether or not the caregiver requires substance abuse treatment.)

(Add questions related to molestation, miscarriages, death/loss of child)

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Comment [d1]: Stacey Cleveland mentioned sensitive issues such as miscarriages, loss of children or molestation. And caregivers that are dealing with replacement issues or would like to assist those in similar situations.

B. CAREGIVER FUNCTIONING (Describe/Discuss each caregiver separately including mental, emotional, physical, responses to stress, and adaptive behaviors. Identify the family's willingness to share information.)



C. EDUCATION AND EMPLOYMENT *(Describe/Discuss the level of education (including literacy), employment history and job skills.*

D. MARRIAGE *(Describe each caregiver's current and previous marriages. Include reasons for dissolutions and children involved and most recent divorce, if applicable. Document method of Marriage verification.)*

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E. FAMILY LIFE *(Describe relationship between household members as well as with extended family and friends. Identify the family's support system. Describe religious orientation and attitude towards children placed in foster care and/or their parents.)*

Comment [d2]: Stacey Celeveland "Is the foster parent willing to support a child in a religion other than their own?" I mentioned the characteristics.



F. CHILD ASSESSMENT AND EXPECTATIONS *(Describe/Discuss each child separately including developmental [history/issues](#), personality, health, education level, special needs [or](#) problem areas.) Refer to children listed as [Other Household Members in Section I-D](#)*

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G. PARENTING PRACTICES *(Describe/Discuss each caregiver separately including capacity, skills and experiences. If caregiver has not parented a child, discuss caregiver's child caring experiences and any qualities that would contribute to successful parenting practices.)*

H. DISCIPLINE *(Describe/Discuss each caregiver separately including disciplinary beliefs and practices. Discuss discipline for each child in the home and plans for any prospective child placed.)*



I. PHYSICAL ENVIRONMENT *(Describe the physical environment (include a description of the interior, exterior, # of rooms, bathrooms, etc) and whether or not there is adequate space for the child(ren); (include discussion of sleeping arrangements). Attach a floor plan, if applicable. Address: pool, guns, household chemical storage, pets, alcohol access, overall safety of environment, radon (if applicable) and sanitation inspections (if applicable).*

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J. AGENCY INVOLVEMENT AND INTERVENTIONS *(Describe/Discuss acceptance of agency supervision. Discuss willingness to allow unauthorized parental contact with child including other relatives, paramours, etc. Discuss ability and willingness to participate in the judicial process including compliance with all courts.)*

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K. CHILDREN PREVIOUSLY ADOPTED OR PERMANENTLY PLACED *(Describe/Discuss the adjustment and integration of previously adopted or permanently placed children with the family.)*

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L. READINESS FOR ADOPTIVE/FOSTER PARENTING/PLACEMENT *(Describe/Discuss each caregiver's acceptance of removal and placement in out of home care and willingness to support the child's relationships with parents, siblings and others. Identify the strengths of the family to assess whether or not they can provide a secure, safe, nurturing/loving environment for the child. Describe the caregiver's willingness to accept the child's potential resistance to placement.*

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M. REFERENCES/VERIFICATIONS AND BACKGROUND SCREENING (*Describe/Discuss results of criminal, abuse/neglect, delinquency history, local law, NCIC and FDLE. Also include references received from employer, school/daycare [children in the household attend](#), neighbors, etc.*).



Section III

A.

Criminal History	
<p>Do any household members or frequent visitors age 12+ have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No Offending Persons: _____ If a criminal history exists, do the charges result in immediate home study disqualification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, document the criminal history results received.</p>
<p><u>Have</u> any household members or frequent visitors age 12+ been listed on the <i>Statewide Automated Child Welfare Information System (SACWIS)</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No Offending Persons: _____ If an <i>abuse/neglect</i> history exists, do the findings result in immediate home study disqualification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, document date the intake(s) was received, maltreatments addressed, findings and any other relevant information.</p>

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B.

Checklist			
Item	Date Requested	Date Received	N/A
Abuse/Neglect Check - (FSFN) This checklist item records that the Abuse/Neglect Check FSFN has been completed			<input type="checkbox"/>
Abuse/Neglect Check - Other State - This checklist item records that the Abuse/Neglect Check Other State has been completed.			<input type="checkbox"/>
Criminal Background Check - Dept. of Motor Vehicles - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Dept. of Corrections - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Federal - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Local - This checklist item records the date that the Preliminary Criminal Background check was conducted with local authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - State - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement.			<input type="checkbox"/>
Fingerprints Submitted - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement.			<input type="checkbox"/>
Juvenile Justice Check - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed.			<input type="checkbox"/>

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Section IV

DETERMINATION OF FINANCIAL SECURITY, RESOURCES AND CHILD-CARE ARRANGEMENTS					
	Caregiver 1 Name:		Caregiver 2 Name:		Household
1. Current Employer					8. Combined Monthly
2. Employer's Address					Income
					\$
					9. Expenses
3. Length of Current Employment					• Housing
4. Hours and Shifts Worked					• Utilities
5. Gross Salary	\$		\$		• Transportation
		weekly/biweekly/monthly		weekly/biweekly/monthly	• Food/Supplies
6. Medicaid Eligible?					• Medical
7. Additional Support or Income	\$		\$		• Child Care
• Social Security Benefits	\$		\$		• Other Bills (please list)
• Retirement Benefits	\$		\$		
• WAGES (Temporary Case Assistance)	\$		\$		
• Disability Benefits	\$		\$		
• Other	\$		\$		
Total	\$		\$		Total Monthly Expenses
Conclusions					
10. Does the family have sufficient funds to support their current expenses? Yes No					
11. Will child care be needed? Yes No If yes, how will it be provided?					
12. What new expenses are anticipated for the child(ren) to be placed in the home?					
13. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? Yes No Explain:					
14. Does the family want to be referred to Economic Self-Sufficiency Service for consideration of the relative caregiver payment? Yes No NA					
To the best of my knowledge, I have given <agency> truthful information on all questions asked of me...					
Caregiver <u>1</u> 's Printed Name:				Caregiver <u>1</u> 's Signature:	

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<u>Caregiver 2's Printed Name:</u>	<u>Caregiver 2's Signature:</u>
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Section V

Family Name:

A. APPROVAL/DENIAL AND RECOMMENDATIONS

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the conclusion of <agency> that the:

- 1. License for Foster Home
- 2. Adoptive Home

Approve _____ Denied _____

Approve _____ Denied _____

- 3. Approval/Denial is postponed pending the family's decision whether to proceed with an improvement plan to overcome the following conditions and utilize the identified services.

State reasons for denial or non-approval. The reasons must be documented in the home study (address concerns.) Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.

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B. SIGNATURE PAGE *(Provide all applicable signatures.)*

Signature
Prospective Caregiver

Date

Signature
Prospective Caregiver

Date

Signature
Case Manager

Date

Signature
Case Manager Supervisor

Date

Signature
Child Protective Investigator

Date

Signature
Child Protective Investigator Supervisor

Date

Signature
Specialist

Date

Signature
Licensure

Date

Signature
Program Director

Date

Signature
Executive Director

Date



Section VI

**HOME STUDY
Foster/Adopt Only**

Home Evaluation for the Placement of Children

Characteristics Checklist For Placement

P= Preferred WC= Would Consider A= Acceptable U= Unacceptable	P			A			WC			U		
	Gender/Sex of Child											
Male												
Female												
Number/Type of Children												
One Child												
Two Children												
Three Children												
Four or More Children												
Teen Parent with Child												
Age of Child												
0-2 Years of Age												
3-5 Years of Age												
6-8 Years of Age												
9-11 Years of Age												
12 or Older												
Health of Child												
No Significant Health Problems												
Allergies or Asthma (May Require Treatment)												
Hyperactivity (May Require Treatment)												
Speech Problems (May Require Treatment)												
Hearing Problems (May Require Treatment)												
Legally Deaf												
Vision Problems (May Require Treatment)												
Legally Blind												



P= Preferred A= Acceptable	WC= Would Consider U= Unacceptable	P			A			WC			U		
Health of Child (Continued)													
Dental Problems (May Require Treatment)													
Orthopedic Disorder (May Require Treatment)													
Seizure Disorder (May Require Treatment)													
Other Medical Conditions Which May Require Treatment:													
Education of Child													
High Achiever													
Achieving At Grade Level													
Achieving Below Grade Level													
Needs Special Education													
Needs Emotional Handicapped Education													
Needs Tutoring In One or More Subjects													
Has Serious Behavior Problems At School													
Characteristics And Behavior of Child													
Generally Quiet and Shy													
Generally Outgoing And Noisy													
Has Emotional Issues Requiring Therapy At Present													
Has Tendency To Reject Father Figures													
Has Tendency To Reject Mother Figures													
Tends to Form Mostly Superficial Relationships													
Has Difficulty Making Friends And Relating with Other Children													
Frequently Wets Bed													
Frequently Wets During The Day													
Frequently Soils Him/Herself													
Masturbates Frequently and/or Openly													
Has Poor Social Skills													
Has A Problem With Lying													
Has A Problem With Stealing													
Frequent Physical Altercations With Other Children													

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P= Preferred A= Acceptable	WC= Would Consider U= Unacceptable	P			A			WC			U		
Characteristics And Behavior of Child (Continued)													
Tends To Abuse Animals													
Tends To Be Destructive of Personal Property													
Frequently Uses Language You Would Consider Inappropriate													
Has Frequent Temper Tantrums													
Has Difficulty Accepting And Obeying Rules													
Has A History of Inappropriate Sexual Behavior													
Has A History of Running Away													
Has a History of Setting Fires													
Family History													
Has Strong Ties To Birth Family													
Has Strong Ties To Foster Family													
Will Need Continued Contact With Siblings In Adoptive Placement													
Has Had a Previous Adoption Disruption													
Has Been Sexually Abused													
Has Been Physically Abused													
Has Been Exposed To Promiscuous Behavior													
Was Conceived As A Result of Rape													
Was Conceived As a Result of Prostitution													
One or Both Biological Parents Has Alcohol Addiction													
One or Both Biological Parents Has Drug Dependency													
One or Both Biological Parents Has A Criminal Record													
One or Both Biological Parents Is/Are Mentally Handicapped													
One or Both Biological Parents Has A Mental Illness													
Agency Has No Information On One or Both Biological Parents													
Adoptive Family's Feelings Toward Openness													
Is Willing To Meet Birth Parents													
Is Willing To Have Contact With Birth Parents Through Intermediary													
Is Willing To Send Correspondence To Birth Parents													



P= Preferred WC= Would Consider A= Acceptable U= Unacceptable	P			A			WC			U		
	Adoptive Family's Feelings Toward Openness (Continued)											
Is Willing To Receive Correspondence From Birth Parents												
Is Willing To Have Child Continue Visitation With Siblings												
Is Willing To Have Child <u>Continue</u> Visitation With Extended Relatives												
Is Willing To Have Child Continue Visitation With Birth Parents												
Is Willing To Receive Demographic Information About Birth Parents												
Is Willing To Distribute Demographic Information To Birth Parents												

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Section VII

Photographs of Family					
Description:		Description:		Description:	
Description:		Description:		Description:	
Description:		Description:		Description:	



Photographs of Home

Photographs of Home					
Description:		Description:		Description:	
Description:		Description:		Description:	
Description:		Description:		Description:	



HOME STUDY FAMILY ASSESSMENT QUESTIONS

These questions were not designed as an all inclusive questionnaire but to stimulate thought.

MOTIVATION

- Why do you want to be a foster/adoptive parent?
- How long have you thought about adopting/fostering?
- What brought you to our agency? (recruitment)
- Do you know anyone well who is a foster or adoptive parent?
- What is your experience with children?
- Did you change your mind about the type of children you want to foster or adopt after going through the MAPP classes?
- What have you told your family about your plan to foster/adopt?
- What does your family think about you adopting/fostering?
- What do your neighbors think about you fostering/adopting?
- What is the attitude of the household members toward placement?
- Have you previously explored adopting or fostering with another agency?
(If yes, when, where, and outcome)

Comment [d3]: Barbara inquired about this section referring to the family, in accordance with the previous question.

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CAREGIVER HISTORY

- Tell me about your mother/father.
- Describe your mother/father's personality?
- What was most important to your mother/father?
- What values did your mother/father teach you?
- In what ways are you like your mother/father?
- How did your mother/father demonstrate affection?
- How did your mother/father express disappointment or disapproval?
- How has your relationship with your mother/father changed over the years?
- Where do your parents live? How often do you have contact with them?
- Tell me about your parent's marriage.
- How did they resolve disagreements?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

- Where they physically affectionate?
- What is/was your father's occupation? Your mother's?
- Were your parents involved in the community?
- Tell me about significant relationships with other family members?
- Do you have siblings?
- How old are they? Where do they live? Are they married? Do they have children?
- What do they do for a living? What was your relationship growing up?
- What is your relationship now?
- What did your parents tell you about sexuality?
- Was that a subject discussed in your family?
- Did you grow up in one area or did you experience a move?
- How did you adjust to your new school/neighborhood?
- Was it difficult?
- Did you attend public schools?
- Did you like school?
- What kind of student were you?
- Were you involved in school related activities?
- What is the highest grade you completed?
- What did you do when you finished school?

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CAREGIVER FUNCTIONING

- What do you think your strengths are?
- What are you working on? (weakness/needs)
- What pushes your buttons?
- What do you value?
- Do you find your values are often at odds with others?
- How do you deal with people with other beliefs or values?
- What are some challenges you have faced as an adult?
- How were you able to work through the situation?
- What makes you angry?
- How would I know you were angry?

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HOME STUDY FAMILY ASSESSMENT QUESTIONS

- How does your spouse know you are angry?
- How do you release your anger?
- How do you express frustration?
- How do you express approval?
- How do you express affection?
- How do you resolve conflict?
- What makes you feel stressed?
- How do you respond to stress or stressful situations?
- What do you do to reduce the stress in your life?
- What helps you relieve stress?
- Describe your alcohol use.
- Have you experienced depression, anxiety, or panic attacks?
- If yes, please explain the precipitating factors.
- Comment on the stressors/supports from the ecomap.
- In session 3, we identified a variety of losses, what losses have you experienced?
- How did you cope with the loss of _____?
- Have you ever sought counseling?
- Under what circumstances would you seek counseling?

EDUCATION AND EMPLOYMENT

- What is the highest grade level completed?
- Any post secondary education?
- Was a degree received? If yes, please explain.
- Any vocational training? If yes, please explain.
- Any certifications, licenses? If yes, please explain.
- How many jobs have you had?
- How long were you employed as these jobs?
- Reasons for job changes.



HOME STUDY FAMILY ASSESSMENT QUESTIONS

MARRIAGE

- How long did you know your spouse before you married?
 - What attracted you to your spouse?
 - How long have you lived together?
 - What are your spouse's strengths?
 - What are your spouse's weaknesses?
 - If you could change one thing about your spouse, what would it be?
 - What does your spouse value?
 - What challenges have you faced in your marriage?
 - How have you overcome them?
 - What do you think has been the most difficult period in your marriage?
 - Have you ever been separated?
 - How does your spouse express anger?
 - How does your spouse express frustration?
 - What makes your spouse feel stressed?
 - When you and your spouse disagree, what is it usually about?
 - How do you resolve conflict?
 - When compromise isn't possible, how is the decision made?
 - How do you express affection as a couple? Do you verbalize your feelings?
 - Are you physically affectionate?
 - How would you characterize your sexual relationship?
 - Has infertility treatment affected your sexual relationship?
 - How are decisions about money made?
 - Who manages the family's finances?
 - How much time do you spend together?
 - How do you like to spend your time together?
 - What leisure time activities do you do without your spouse?
 - What would improve your marital relationship?
- For each prior marriage:**
- How long did you know your former spouse before you married?
 - What attracted you to your spouse?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

- When were you married? When were you separated? When were you divorced?
- What are some of the reasons you believe the marriage didn't work out?
- Did you see/consider seeing a counselor?
- Did you have children?
- How did the divorce affect your children?
- What is your current relationship with your former spouse?
- What is the relationship between your present and former spouse?

FAMILY LIFE

- Are there definite roles in your family?
- What are your responsibilities in the family?
- What are your spouse's responsibilities?
- What chores do the children have?
- How do you address problems as a family?
- Who has input into decision making?
- What happens when an agreement can't be reached?
- In your family, what is an acceptable way for a child to express anger?
- How comfortable are your children giving and receiving affection?
- Do you have family members that live in Central Florida?
- What is the extent of the family's contact with extended family members?
- Tell me about a typical day in your family?
- How much time do you spend together as a family?
- Are you able to make time in the evening or weekends to be together?
- What activities do you participate in as a family?
- When family/friends visit your home, do they tend to drop in or call first?
- What would improve your family life?

CHILD ASSESSMENT AND EXPECTATIONS

- Describe your child's personality
- What is your child's general mood?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

- Were there any early health or developmental issues?
- What are your child's talents?
- In what area do they experience difficulty?
- How have you been able to help them overcome these difficulties?
- How does your child express affection?
- How does your child express anger?
- What angers your child?
- What causes your child to be frustrated?
- How does your child react to frustration?
- How does your child cope with frustration?
- Does your child make friends easily?
- Does your child tend to maintain friendships?
- Are your child's friends younger, older, or the same age?
- Describe the contact you have with your child's friends? With their parents?
- Describe your child's problematic behaviors.
- Is school important to your child?
- What problems has your child faced in school?
- How have you helped your child overcome these problems?
- Does your child have any health problems that affect his/her activities

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PARENTING PRACTICES

(add questions)

- Tell me about your children
- What are their likes and dislikes?
- What have they expressed an interest in?
- What activities are they involved in?
- What special time are you able to have with each child?
- What is your child's school performance?
- How do you keep informed about their progress in school?
- What steps have you taken to help your child succeed in school?
- What responsibilities have you given your child?
- What decisions are they able to make for themselves?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

- How are responsibilities and privileges connected?
- As a parent, what are your strengths?
- What are your spouse's strengths?
- What have you enjoyed the most about being a parent? The least?
- What parenting beliefs do you share with your spouse?
- How do you differ?
- What values do you believe you are teaching your child?
- How are you doing this?
- As a parent, what do you do the way your parents did?
- Have you made an effort to do things differently? What?
- How much input do your children have in the way decisions are made?
- Can your children disagree with you?
- What have you told your child about "good touches/bad touches"?
- What have you told your child about sexuality?
- Does your child have a curfew? What is it?
- Have you taken any parenting classes?
- How has the divorce affected your children?
- What has been your relationship with your children since the divorce?
- How often do you see them?
- How do you support them? (Document per F.A.C.)

For custodial parents

- What efforts have you made to facilitate your child's relationship with the non-custodial parent?
- How does your child keep their connections to their mother/father's family (grandparents, aunts, uncles, cousins, etc?)
- How have you helped your child deal with loss related to the divorce?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

DISCIPLINE

- How did your parents discipline you as a child?
- As an older child?
- Who was the primary disciplinarian?
- How are your discipline techniques similar to your parents?
- What do you do differently than your parents?
- What have been the most effective methods of discipline for your children (discuss at different ages)?
- What behaviors are easy for you to manage? Difficult?
- Regarding discipline, what has been your greatest challenge?
- What current discipline techniques will you continue to use after children are placed? For your children/their children?
- What is your understanding of the agency's policy on discipline?
- Do you agree to comply?

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PHYSICAL ENVIRONMENT

(add/move questions)

- Who lives in your home?
- What changes would you make/have you made to accommodate another child?
- What time do you leave your home for work?
- When do you return home?
- What is your current day care plan?
- What day care options have you explored?
- Who do you use/would you use as a babysitter?
- Would they be willing to be screened?
- For a single parent – who will be your designated back-up person?
- Are they willing to be screened?
- Describe your job?



HOME STUDY FAMILY ASSESSMENT QUESTIONS

- How long have you been with your present employer?
- What is your salary?
- Do you have additional responsibilities outside family and work?
- What community organizations are you involved in?
- Are you under a doctor's care?
- Do you take medication on a regular basis?
- Are you a client of a community agency or mental health provider?
- Discuss relevant issues reflected on the ecomap.

AGENCY INVOLVEMENT AND INTERVENTIONS

- Do you have the ability and willingness to disallow unauthorized parental contact with child?
- Can you identify the date of removal & adjudication of the child?
- Was the caregiver provided information on dependence/judicial process?
- Was the family provided a copy of the care plan and information on their role & non-community resources?
- Was the relative provided information on TANF child only and Relative Caregiver Program?
- Was the relative provided the requirement to cooperate with child support and provide copies of immunization records?

CHILDREN PREVIOUSLY PLACED *(added questions)*

- Describe the adopted or permanently placed child, age at placement and why the child could not safely return to the birth family.
- Describe at least one method that you used to incorporate the child into your family that was successful.
- Describe at least one method that you used to incorporate the child into your family that was not unsuccessful.
- Describe the child's adjustment to the school and what you did to assist with the child's education.
- What effect did the previous child's placement have on your marriage?
- What was the biggest surprise about this child and the child's adjustment to your family?
- What types of services did you utilize for the child? Were there services needed but were not available? If so, what did you do?
- How did your family and neighbors react positively and negatively to the child's placement with your family?
- Did the child have any significant health issues and how did you react?
- Are there any major changes in your family income since the child was adopted or permanently placed with your family?
- Can your home comfortably accommodate another child?
- What is your motivation to adopt again? Or have a permanent placement again?
- _____

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HOME STUDY



FAMILY ASSESSMENT QUESTIONS

- Name several adults who can describe how the family managed with the previously adopted or permanently placed child and how they believe the family will cope with additional children? We will use these names to complete updated references.
- Are there any major changes such as job changes, deaths in the family or medical conditions which may effect the family or your ability to provide for the needs of additional children?
- Are there any additional family members who were not addressed when the initial home study was completed?

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READINESS FOR ADOPTIVE/FOSTER PARENTING/PLACEMENT

- What is the attitude of all household members toward placement?
- What is the attitude toward the child's parents and their relationship with them?
- What is the plan for childcare in the absence of the adult caregiver?
- Does the placement of child(ren) in this home allow the siblings to remain together or visitation plan as applicable?
- What transportation is available to the caregiver, car seats (as applicable)?
- What is the caregivers' capacity to care for the child(ren) and the impact the child will have on the family (from family and caseworker's perspective)?
- What are the expectations the caregivers have for the child to be placed?
- Identify the family's readiness to adopt, foster, and care for child (length of time)?
- Identify the strengths of the family to indicate they can provide a secure safe nurturing/loving environment for the child.
- Discuss any concerns present in the home
- Discuss the child's feelings about potential placement.
- Inquire how the caregiver would tell the child of their identity if this is a home that could ultimately lead to an adoptive placement.

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REFERENCES/VERIFICATIONS AND BACKGROUND SCREENING

- Do you have background screenings for all household members and frequent visitors age 12+ (local law: city & county)
- Do you have out of state checks (Adam Walsh Act)?
- Have there been any calls for service at your address (injunctions)?
- Are there any sex offenders in your neighborhood (one mile radius of residence) with plan to provider supervision?
- Have you any exemption hearings?
- Is ARC applicable?



HOME STUDY Water Addendum

NOTE: A swimming pool or other body of water in the yard can present a very dangerous area for children. Drowning is the number one cause of death for children under five in Florida, Arizona, and California with a ranking of number two for over a dozen other states. For every drowning, there are eleven near drowning incidents, according to government statistic; many of which result in totally disabling brain damage.

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To protect your family from a potentially fatal accident, the following is recommended:

- Never leave your children alone in or near the pool or water, even for a moment. Do not be distracted by doorbells, phone calls, chores or conversations. If you must leave the pool or water area, take the children with you, making sure the pool or area gate latches securely when it closes. During social gatherings at or near water, appoint a “designated watcher” to protect children from water accidents. Adults may take turns being the ‘watcher.’ When adults become preoccupied, children are at risk.
- Post rules such as: “No Running,” “No dunking” and “Never swim alone.” Enforce the rules!
- Instruct baby sisters about potential water hazards to children and about the use of protective devices, such as door alarms and latches. Emphasize the need for contact supervision. Be sure the person watching your children knows how to swim, to get emergency help and to perform CPR.
- If a child is missing, check the pool or water area first. Seconds count in preventing death or disability. Go to the edge of the pool or water area and scan the entire area, bottom of pool and surface of pool or water area.
- Install a fence to separate your house from the water area. Most children who drown in water wander out of the house and fall into the water. The fence should be 5-feet high and completely surround the water area. The fence must completely separate the water area from the house and the play area of the yard.
- Use self-closing gates that self-latch, with latches higher than your children’s reach. Never prop open the gate to a water area. After the children are done swimming, secure the water area so they can’t get back into it.

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- Never use a pool with its pool cover partially in place, since children may become entrapped under it. Remove the cover completely.
- Place tables, chairs and other objects well away from the water area fence to prevent children from using them to climb into the water area.
- Keep rescue equipment (such as shepherd’s crook or rescue tube) and a telephone with emergency numbers noted by the water.
- Avoid air-filled “swimming aids” because they are not a substitute for approved life vests and can be dangerous should they deflate.
- Keep toys out of and away from water area when not in use. Children playing with or reaching for toys could accidentally fall in the water.
- Remember, teaching your children how to swim DOES NOT mean your children are safe in the water.
- Don’t assume that drowning or a drowning accident couldn’t happen to you or your family.

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Signature
Prospective Caregiver

Date

Signature
Prospective Caregiver

Date

Signature
Case Manager

Date

Signature
Child Protective Investigator

Date